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A. H. WRIGHT, B.A., M.B., M.R.C.S. ENGLAND; J. E. GRAHAM, M.D., L.R.C.P. LONDON;

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INDEX.

- ANTIPYRINE in Pregnancy, Contra-indicated, 326.
 Abdominal Wound, 397.
 Address at Ninth International Medical Congress, 352.
 After-coming Head, Extraction of, 12.
 Antiseptic, Iodol, The New, 13.
 Application, Local in Vaginitis, 16.
 American Women, Post-partum Troubles in, 16.
 Abdomen, Rules for Explorative Incision of, 21.
 Alcohol in Acute Disease, Indications for, 47.
 Accouchement during Hypnotic Sleep, 47.
 Antipyretics, 404.
 Anæmia, 397.
 Abortifacient, the Curette as an, 49.
 Advice to Young Doctors, 51.
 Antiseptic Substances, Combination of, 52.
 Antipyretics, Pyrexia and, 55.
 Antipyrin and Nux Vomica, 56.
 Aspirator Needle, Case of Sudden Death from Introduction of, 71.
 Antifebrin, 74.
 Anæsthetics in Obstetrics, 76.
 Abortions, Iodide of Potash in Habitual, 78.
 Angina Pectoris, Treatment of by Cocaine, 81.
 Asthma, Therapeutics of, 83.
 Abdominal Surgery in Liverpool, 87.
 Ambulance, a New Hospital, 88.
 Antipyrin, Rash produced by, 146.
 Arthritis Deformans, Successfully Treated with Arsenic, 175.
 Adonis Vernalis in Heart Disease, 179.
 Antipyrin, Comparative Action of, 214, 397.
 Alcohol, Influence of, on Digestion, 246.
 Anthrax Epidemic at Guelph, 278.
 Alcoholism, Subcutaneous Injection of Ammonia in Acute, 283.
 Antisepticism, 284.
 American Physicians, 285.
 Ambulance Association, The St. Andrew's, 293.
 Astragalus, Excision of, 305.
 Aseptic Midwifery, Some Practical Points in, 313.
 Abdominal Surgery, A Year's Work in, 316.
 Albuminuria of Pregnancy, 319.
 Antipyrine, 320, 325.
 Anal Fissure and Hemorrhoids, Treatment of by Gradual Dilatation, 322.
 BRAIN SURGERY, Some Modifications in, 17.
 Boston Hospitals, Treatment of Rheumatism in, 18.
 Bright's Disease, Eggs in Dietary of, 20.
 Book Notices, 30, 62, 96, 127, 161, 194, 259, 301, 341, 377, 414.
 Bacteriological Investigation, Clinical Importance of, 66.
 Bath, Therapeutic Uses of Hot, 48.
 Brain Injury in Forceps Delivery, 48.
 Boils, An Epidemic of, 49.
 Beri-beri, 51.
 Bacillus Tubercle, 54.
 British Gynæcological Society, 88.
 Bacillus of Syphilis, 89.
 Barrett, Michael, M.D., 94.
 Biology in Medical Education, 99.
 Rismuth, Subiodide of, in Treatment of Wounds, 101.
 Bacillus of Typhoid Fever, 104.
 Biliousness, 116.
 Bladder, Local Treatment of, 143.
 Baldness, Hats as a Cause of, 148.
 Bismuth Subiodide, Preparation of, 172.
 Billroth and the French, 247.
 Bathurst and Rideau Medical Association, 254.
 Bacillus of Typhoid in Water, 292.
 British Medical Association, Annual Meeting of, 293.
 Beware of S. M. Miller, M.D. 326
 Billroth's Opening Lecture, 372.
 Births, 380, 419.
 CHOLERA INFANTUM, Treatment of, in Bellevue Hospital, 242.
 Corrosive Sublimate in Intra-Uterine Irrigation, 245.
 Constipation, Chronic, 247.
 Council Examiners, 251.
 Cardiac Pathology, A Physiological Basis for Improved, 282.
 Chorea, Cardiac Relation of, 359.
 Central Localization, 384.
 Convalescent Home, 406.
 Collingwood Hospital, 406.
 Cirrhosis, Hepatic, in Children, 362.
 Clinical Instruction in Toronto General Hospital, 374.
 Comedones, Treatment of, 377.
 Contagiousness of Scarlet Fever, 8.
 Calomel as a Diuretic, 10.

INDEX.

- Cord, Umbilical, 14.
 Cervix, Treatment of Recent Lacerations of, 17.
 Cancer of Womb, 19.
 Chatham Medical and Surgical Society, 26, 93, 125, 411.
 Correspondence, 29, 127, 193, 300, 377, 411, 414.
 Cervical Cellulitis and Abscess, 36.
 Cocaine Intoxication, 44.
 Cold Abscesses and Phthisis, Iodoform in, 45.
 Chancre, Hard, of the Vagina, 49.
 Cholera, 50.
 Cocaine in Acute Pharyngitis, 52.
 Cholera Epidemic in Buda-Pesth, Statistics of, 56.
 Cyst, Congenital of Left Groin, Operation, Recovery, 65.
 *Cascara Sagrada, Influence of, on Digestive Secretions, 73.
 Cancer of Stomach, Diagnosis of, 79.
 Cervical Catarrh, Different Methods of Treating, 80.
 Cocaine, Treatment of Angina Pectoris by, 81.
 Calomel as a Diuretic in Heart Disease, 81, 176.
 Cocaine in Herpes Zoster, 84.
 Council Examinations, 89.
 Cocaine in Labor, 90.
 Complex Labor, Clinical Lecture on case of, 103.
 Cocaine Dosage, and Cocaine Addiction, 106, 138.
 Cocaine in Pertussis, 118.
 Constipation, Hints on Treatment of Chronic, 121.
 Carbon Monoxide, 133.
 Cutaneous Disease, A Troublesome, 144.
 Carcinoma, Colloid of Stomach, 145.
 Cauterization of Elbow-joint, 147.
 Constipation, Unusual, 182.
 Clinical Examinations and the Medical Council, 184.
 Cutaneous Punch, 213.
 Coffee to Disguise Odor of Iodoform, 216.
 Crown Prince of Germany, Illness of, 220, 405.
- DIPHThERIA, Clinical Study of Fifty-three Cases of, 3.
 Diuretic, Calomel as a, 10.
 Drugs, Value of Combining, 18.
 Dietary of Bright's Disease, Eggs in, 20.
 Death, a New Sign of, 21.
 Diet Table for Diabetes, 45.
 Diabetes, Diet Table for, 45.
 Disinfection, Intra-uterine, 78.
 Diphtheria, Treatment of, 80.
 Diabetes, Action of Opium and Belladonna associated in Case of Acute, 146.
 Diabetes, Martineau's Remedy for, 177.
 Disinfection, Prophylactic Measures of, to be used in Infectious Diseases, 179.
 Dysentery Treatment of, 181.
 Dyspnoea, Pyridin in, 247.
 Dying, Sensations of the, 247.
 Dominion Medical Association, 250, 290, 294.
 Dominion Medical Association, President's Address, 263.
 Disinfectant, a Good, 286.
- Delirium, Grave, 331.
 Dyspnoea in Leukæmia, 364.
- EXTRACTION of After-coming Head, 12.
 Eggs in Dietary of Bright's Disease, 20.
 Explorative Incision of Abdomen, Rules for, 21.
 Epilepsy, Is it curable? 20.
 Epidemic of Paronychia, 21.
 Electrolysis, Treatment of Strictures by, 40.
 Erysipelas and Inflammation, Relation between, 43.
 Epidemic, An, of boils, 49.
 Eels, Plague of, in London, 51.
 Excision of Knee, 76.
 Emmenagogue, Guaiacum as an, 81.
 Extra-uterine Pregnancy, Termination and Treatment of, 82.
 Electro-plating of Corpses, 118.
 Electrolysis, 403.
 Electro-Therapeutics, 386.
 Eruptive Fevers, Duration of Eruption in, 119.
 Ethoxycaffeine, 148.
- Education Department, Examinations of Toronto University, and the, 153.
 Eucalyptol Injections in Phthisis, 181.
 Endocarditis, Malignant, 186.
 Empyema, The Pathological Condition and Behavior of Fluid in, 275.
 Ether Inhaler, An Improved, 283.
 Erysipelas, New Treatment for, 367.
- FIBROIDS, Treatment of Uterine, 12.
 Fraud, Perhaps He is a, 47.
 Forceps Delivery, Brain Injury in, 48.
 Fracture of Skull, Case of Compound, 66.
 Frontal Sinuses, Inflammation of, 131.
 Foreign Body in Œsophagus, Removal of, 239.
 Flies, Spread of Disease by, 333.
 Fallopian Tubes, Disease of, 333.
 Fracture of Larynx, Case of, 355.
- GLYCOSURIA, Syzygium Jambolanum in, 11.
 Gynæcology, Too Much, a Cause of Post Partum Trouble in American Women, 16.
 Gastrostomy for Malignant Stricture of Œsophagus, 33.
 Gonococci, 77.
 Gonorrhœal Orchitis or Epididymitis, Salicylate of Soda in, 78.
 Guaiacum as an Emmenagogue, 81.
 Gonorrhœa, New Treatment of, 84.
 Gynæcological Society, British, 88.
 Guy's Hospital, Poverty of, 90.
 Gastric Ulcer, 117.
 Gonorrhœa, 122.
 Gaol and the Insane, 127.
 Gaseous Enemata for Pulmonary Tuberculosis, 140, 220.
 Gaseous Enemata, Administration of, 142.
 Gonorrhœa, The Treatment of, 187.
 Gavage of the New-Born, 214.

INDEX.

Gag, Modification of O'Dwyers, 245.
Gangrene, Case of Senile, 280.
Grant, Sir James, 373.

HEMORRHAGE, Post-partum, 20.
Hypnotic Sleep, Accouchement during, 47.
Hot Bath, Therapeutic Uses of, 48.
Hæmoglobinuria, 56, 186.
Huron Medical Association, 59, 157.
Hay's Method of Treatment of Serous Effusions, 79.
Hospital Sunday, 403.
Herpes Zoster, Cocaine in, 84.
Hyperidrosis, Pedum, 84.
Hôpital Notes, 126.
Hyocine in Kidney Disease, 147.
Hamilton Medical and Surgical Society, 157.
Homœopathy, Dr. Lauder Brunton and, 179.
Hiccough Due to Needles in Stomach, 180.
Hygiene, Report of Committee on, 317.
Hiedelburg Students, Dr. Senn on, 325.
Hospital for Sick Children, 372.

INTUBATION OF LARYNX, 1.
Iodol, The New Antiseptic, 13.
Inflammation and Erysipelas, Relation between, 43.
Iodoform in Cold Abscess and Phthisis, 45.
Insanity, Self-abuse in Relation to, 75.
Iodide of Potash in Habitual Abortions, 78.
Intra-uterine Disinfection, 78.
Iodol, Use of, in Laryngeal Phthisis, 81.
Insanity, Moral, 118.
International Medical Congress, 123.
Iodoform in Treatment of Gonorrhœa, 177.
Income, Average, for Family Doctor, 181.
Ice or Hot Water in Uterine Hemorrhage, 182.
Indian Female, Chest Movements of, 215.
Irrigation, Corrosive Sublimate in Intra-uterine, 245.
Isolation and Placarding, 250.
International Medical Congress, 252, 292.
Itching of Vulva, 286.
International Medical Congress, The President's Reception of Members of the, 331.

KNOT, Staffordshire, 50.
"Kataphoresis," Treatment of Superficial Neuralgias by, 244.

LARYNX, Intubation of, 1.
Lacerations of Cervix, Treatment of Recent, 17.
Lieutenant-Governor and Medical Students, 23.
Leukæmia, 24.
Laryngological Journal, a new, 89.
Life Insurance Companies, Medical Profession and, 121.
Locomotor Ataxia, 134.
Liver with Two Gall Bladders, 148.
Lawson Tait at Home, 211.
Leech, A New Artificial, 213.
Lawson Tait at British Medical Association, 324.
Leukæmia, Dyspnœa in, 364.
Listerian Lecture, Meig's, 367.

Larger Fees, 367.
Lactic Acid in Chronic Purulent Inflammation of Middle Ear, 369.
Lafayette Mixture, 369.

MEDICAL DEGREES in United States, 332.
Medical Faculty of University of Toronto, Opening Address at Inauguration of new, 343.
Medical Schools, Our, 372.
Medical Library Association of Ontario, 373.
Medical Schools in Toronto, 22.
Medical Students, The Lieutenant-Governor and, 23.
Meeting of Council, Special, 23.
Medico-Chirurgical Society of Montreal, 27, 58, 92, 157, 256.
Miscellaneous, 31, 64, 98, 196, 302, 342, 380, 418.
Meatus Urinarius, Division of, 55.
Medical Profession in Upper Canada, Statistics of, 56.
Mid-Atlantic Air, Purity of, 77.
Medical Council Building, 89.
Moral Insanity, 118.
Medical Profession and Life Insurance Companies, 121.
Medical Associations in Canada, 122.
Medical Profession in Provincial Legislature, 153.
Medical Examinations, Results of, 154.
Medicines, When is the Proper Time to Give? 178.
Medical Council, the Recent Examinations of, 187.
" Council of British Columbia, 187.
" Examinations, 188.
" Council Examinations, 193.
" Council, 220.
" Faculty of University of Toronto, 249, 292, 320, 370.
" School, The Newest, 249.
" Association, Dominion, 250, 290, 294.
" Defence Union, 258.

Microbe of Cancer, 286.
Medical Congress, International, 292, 252.
" College, Woman's, Toronto, 293, 373.
" Association, Annual Meeting of British, 293.
Milk Casein, as an Emulsifying Agent, 321.
Melancholy, The Anatomy of, 322.
Meningitis, Diagnosis of Acute, 324.
Medical Ethics, 326.
Microbe and Suppuration, 326.
Marriages, 380.
Microbes of Pus, 396.
Medicine, Progress of, 390.
Malpractice, 402.

NUX VOMICA, Antipyrin and, 56.
Naphthaline, Use of, 78.
Nephritis, Treatment of, 113.
Notes, Editorial, 189, 252, 335, 374, 406.
Neurotic, Diet for, 215.
Neuralgias, Treatment of Superficial by "Kataphoresis, 244.
Nitrous Oxide Gas, Ill Effects Produced by, 246.
Nitro-Glycerine, Indications for Use of, 285.
Needle from Heart, Removal of, 323.
Ninth International Medical Congress.

INDEX.

- OZÆNA, Oil of Turpentine in Scrofulous, 21.
 Obituary, 31, 94, 95, 195, 230, 380.
 Œdema of Lungs, Treatment of, 70.
 Overwork, 117.
 Ontario Medical Association, 122, 153, 185, 219, 222.
 Operations, Dr. Martin's, 149.
 Ontario Medical Act, 151.
 Ontario Medical Council, Meeting of, 217.
 Ontario Medical Library Association, 219, 251.
 O'Dwyer's Gag, Modification of, 245.
 Œdema of Larynx, Treatment for, 282.
 Occipito-Posterior Positions, Treatment of, 303.
 Ophthalmic Memoranda, 357.
- PNEUMOTOMY, 10.
 Post Partum Troubles in American Women, 16.
 Philadelphia Doctors, Severe on, 19.
 Pasteur's Last Report of Work, 19.
 Post Partum Hemorrhage, 20.
 Paronychia, Epidemic of, 21.
 Personals, 31, 97, 129, 164, 196, 230, 262, 302, 342, 380, 418.
 Phthisis and Cold Abscesses, Iodoform in, 45.
 Pharyngitis, Cocaine in Acute, 52.
 Pyrexia and Antipyretics, 55.
 Pasteur, 56.
 Peliosis Rheumatica, 68.
 Puerperal Diseases, General Treatment of, 77.
 Phthisis, Iodol in Laryngeal, 81.
 " Medication of, 84.
 Pulmonary Tuberculosis, Treatment of by Injection of Sulphuretted Hydrogen into Bowel, 150, 220.
 Provincial Legislature, Medical Profession in, 153.
 Photographing the Retinal Image Impressed on the Living Fundus Oculi, 165.
 Practice, Cases in, 173.
 Phosphaturia, 197.
 Pelvic Hematocele, 205.
 Pregnancy, Typhoid Fever Complicating, 238.
 Pathological Notes, 238.
 Prostatotomy (Case in Practice), 240.
 Perforation of Bowel, 241.
 Pyridin in Dyspnœa, 247.
 Placarding, Isolation and, 250.
 Provincial Board of Health, 251, 298, 410.
 Phenyle, Little's Soluble, 259.
 Pedicle Clamp, Eastman's, 286.
 Profession, The, of Ontario, 293.
 Psoriasis, Treatment of, 330.
 Papaine in Syphilitic Ulcers of Tongue, 369.
 Peptones, Value of, 384.
 Patella, Fractures of, 398.
- QUACKS, a Prince of, 368.
- RHEUMATISM, Treatment of, in Boston Hospitals, 18.
 Rheumatism, Treatment of, 50.
 Rupture of Uterus, Treatment of Threatened, by Manipulation and Posture, 73.
- Rheumatism, Treatment of, in Hospital of University of Pennsylvania, 82.
 Round Ligaments, Operation of Shortening, 83.
 Rough on Rats, 149.
 Rectum, Stricture of, 276.
 Rhinoscleroma, 279.
 Reminiscences of an Old Physician, 284.
 Robinson, Dr. R. A., Address at International Congress, 334.
- STROPHANTHUS, Action of, 366.
 Secrecy, Professional, 368.
 Surgery, Another Tribute to British, 369.
 Sanger Operation, Simplification of Techniques of, 7.
 Scarlet Fever, Contagiousness of, 8.
 Syzygium Jambolanum in Glycosuria, 11.
 Stricture of Œsophagus, Gastrostomy for Malignant, 33.
 Strictures, Treatment of, by Electrolysis, 40.
 Staffordshire Knot, 50.
 Syphilis, Treatment of, 50.
 Sanitary Matters in Ontario, Retrospect of, 54.
 Statistics of Cholera Epidemic in Buda-Pesth, 56.
 Statistics of Medical Profession in Upper Canada, 56.
 Spurious Venereal Diseases, 74.
 Self-Abuse in its Relation to Insanity, 75.
 Salicylate of Sodium in Gonorrhœal Orchitis or Epididymitis, 78.
 Serous Effusions, Hay's Method of Treatment of, 79.
 Salicylate of Lithium in Rheumatism, 116, 148.
 Students' Fees, the New University Scheme and, 123.
 Sciatica, 149.
 Sialorrhœa of Pregnancy, 149.
 Sexual Starvation, 180.
 Subscapular Nerves, Care of, in Removing Glands from Axilla, 182.
 Salol, 187.
 Surgery, Discussion on, 202.
 Scabies, Treatment of, Clinic, 209.
 Salol in Sciatica, 216.
 Syphilis, Relation of Aseptic and Antiseptic Method to Treatment of Lesions of, 234.
 Skin Diseases, Surgical Treatment of Certain, 242.
 Spinal Cord, Successful Removal of Tumor from, 243.
 Spermatorrhœa, 246.
 Sensations of the Dying, 247.
 Stricture of Rectum, 276.
 Sewer Gas Poison, Cases of, 286.
 Salicin in Scarlet Fever, 323.
 Scarlet Fever, Salicin in, 323.
 Suppuration, Microbes and, 326.
 Syphilis, Gastric, 395.
 Swallowed Substances, 397.
- TÆNIA, Simple and Effectual Treatment of, 9.
 Turpentine, Oil of, in Scrofulous Ozæna, 21.
 Toronto, Medical Schools in, 22.
 Toronto Medical Society, 24, 57, 90, 124, 155, 180, 253, 375, 398, 408.
 Therapeutic Notes, 53, 85, 119, 149, 183, 217, 247, 287, 327.

INDEX.

- Tubercle Bacillus, 54.
- Tracheotomy, Treatment of Obstruction of Trachea and Bronchi after, 72.
- Toronto General Hospital, 90.
- Tubercle Bacilli, Some Experiments with, 116.
- Toronto University Medical College, 120, 402.
- Tuberculosis, Gaseous Enemata for Cure of Pulmonary, 140.
- Tornwaldz Disease, 148.
- Typhoid Fever, Complicating Pregnancy, 238.
- Tumor from Spinal Cord, Successful Removal of, 243.
- Temperance Drinks, Analysis of, 244.
- Typhoid Bacilli in Blood, 326.
- Tracheotomy in Diphtheritic Croup, Experience with, 348.
- Tuberculosis of Larynx, 381.
- Tympanum, Perforation of, 397.
- UTERINE FIBROIDS, Treatment of, 12, 168.
- Umbilical Cord, 14.
- Urine, Examination of, 41.
- University, A New, in London, England, 89.
- Upper Canada College, 123.
- University of Toronto, 152.
- University of Toronto, Examinations of, and the Education Department, 153.
- Uterine Hemorrhage, Ice or Hot Water in, 182.
- Uræmic, A Clinical Lecture on the Symptoms Commonly Called, 231.
- Uterine Tent Forceps (with cut), 246.
- Urinary Overflow, Obstructed, 269.
- Uterine Appendages, Removal of, 307.
- University College Convocation, 373.
- Urethritis, Gouty, 397.
- VAGINITIS, Local Applications in, 16.
- Volkman's Dressing, 47.
- Venereal Diseases, Spurious, 74.
- Venous Murmurs, Pathological Significance of, 286.
- Vulva, Itching of, 286.
- Vacation, The Summer, 291.
- WARTS, 11.
- What Others Say of Us, 15.
- Water, Therapeutic Uses of, 13.
- Womb, Cancer of, 19.
- Worry, 117.
- Whooping Cough, 147.
- Wounds, Rest in Treatment of, 208.
- Woman's Medical College, Toronto, 293, 373.
- Winnipeg General Hospital, 332.
- Washington International Medical Congress, 339.
- Woman's Hospital, Toronto, 371.
- Wells, Sir Spencer, in Vienna, 371.

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Original Communications.

INTUBATION OF THE LARYNX.

BY DR. L. L. PALMER.

As will be seen from my article in the December number of the CANADIAN PRACTITIONER, I strongly advocate tracheotomy in diphtheritic laryngitis under certain well determined conditions; these views were expressed at our society to meet some objections raised against the operation, which I believe to be groundless and ill-advised, but not to place tracheotomy in preference to another method of relieving laryngeal stenosis which has been adopted during the last few months with a reported success, and a promise of future usefulness, viz., Intubation of the Larynx.

To O'Dwyer is due the credit of resuscitating this deceased offspring of the impetuous Bouchut, of Paris. Born in 1858, its early infancy was vigorous, but it died prematurely—strangled to death by a tumultuous opposition; so that its resurrection has scarcely been dreamed of as possible, even in the great day; but it has risen again out of its own ashes, with apparently increased vigor. Intubation, as advised by Dr. O'Dwyer, commended itself to my judgment when first brought to my notice some months ago, and I resolved to give it trial.

My object in this communication is to report my first experience—and, so far as I know, the first case in Canada—that we may gather up facts and data as rapidly as possible which,

with others that may hereafter be accumulated, may enable us to draw impartial conclusions as to the part this new procedure is to play in the hands of the profession, in relieving the urgent symptom of diphtheritic croup—dyspnœa—and to determine how much of the work it will do that has been hitherto accomplished by tracheotomy.

Ada E—, aged 5 years and three months, was brought to Dr. Wagner on Sunday, Dec. 12th, with sore throat.

Diphtheritic patches not large but characteristic on both tonsils. Pulse somewhat increased in frequency and temperature slightly elevated, but child was bright and did not look very ill.

13th. Dr. Wagner visited and found the child about the same.

14th. Apparently better in all symptoms and membranous patches smaller than before—promise of a speedy recovery—but in the evening began to breathe heavily, and in the night became very croupy and had severe spasms of dyspnœa. Parents thought she would choke. Gave her an emetic and goose oil with relief to the spasms.

15th. In the morning she was better of the croupy symptoms, but hoarse, and continued to breathe heavily, but was bright and played about the room.

Towards evening she grew worse, respirations labored, croupy and stridulous. Expirations, prolonged and labored. Eyes rolled up frequently as if in distress. At midnight respiration much more labored, with frequent prolonged spasms of dyspnœa, threatening as

phyxia—patient cyanotic; this continued till morning.

16th. Dyspnoea continuous and increasing, with frequent exacerbations—patient cyanotic. At midday Dr. Wagner called me in consultation, with a view to operative procedure.

Child lies in semi-stupor from which she is aroused only by spasms of extreme dyspnoea, in which she becomes almost asphyxiated—quite cyanotic; breathing labored, with continued stridor; respiratory act imperfect.

Death seemed certain before very long unless the dyspnoea were relieved. We discussed tracheotomy and intubation, and decided upon the latter.

Dr. Sweetnam was called in counsel and agreed with our diagnosis, prognosis, and treatment. We all thought it a case that promised a favorable issue either from tracheotomy or intubation.

At 2 p.m. we introduced the O'Dwyer tube into the larynx.

Considerable irritation and cough were excited during the first half-hour, with expulsion of a good deal of mucus, some pus and exudate. When the larynx began to tolerate the presence of the tube, the dyspnoea was entirely relieved. Respiration, 24 per minute, perfectly free and easy; pulse, 130, more frequent than before—attributed to the excitement of introducing the tube. Expression, that of quiet comfort.

Auscultation gave us now over both lungs respiratory murmur, vesicular, full, free, distinct, low-pitched—no crepitation, no rales. We left the patient with her mother, feeling that the result so far was most satisfactory. 6 p.m.: child looks and feels well; respiration full, free, easy, but 28 per minute, and pulse 140. Gave a little milk which was easily swallowed, but followed by cough, sometimes very severe.

17th. Dr. Wagner found at 9 a.m. the condition the same as previous evening; at 2 p.m. the pulse and respiration steady and rapidly increasing in frequency, but respiration not labored—delirium.

At 5 p.m. I visited patient with Dr. Wagner. Above symptoms all intensified. Crepitation, both coarse and fine, over whole of both lungs; no respiratory murmur posteriorly; faint an-

teriorly. 7 p.m., patient died 28 hours after intubation.

Post-mortem.—At 9 o'clock, two hours after death, we gained permission to remove the tube by incision through the trachea. The tube was *in situ*, but on raising the trachea it slipped up into the mouth, showing it was not unduly tight; and when the trachea was opened it could not be drawn down through the glottis without tilting up the lower end, showing how impossible it was for it to slip down into the trachea.

Trachea and larynx opened.

Entire supra-glottic portion of larynx covered with exudate.

Below the glottis, so far as the tube reached, the mucous membrane was much inflamed, but no exudate; but below the point reached by the lower end of the tube, the mucous membrane was covered with a complete cast of exudation membrane, this cast commencing abruptly at the lower end of the tube; there was no ulceration recognizable, no abrasion, no part of the mucous membrane seemed unfavorably affected by the tube.

Briefly, a few points may be noted and conclusions drawn.

Respiration is suspended entirely during the effort at introduction of the tube, and in an amazingly short time your patient is livid—asphyxiated.

I have seen it stated somewhere that "the attempt at introduction should be short, that frequent attempts do no harm." With the first part of the statement I agree, but with the last I entirely dissent. Let your first attempt be short, but be sure it is successful, for every time you asphyxiate your patient by an unsuccessful attempt at introducing the tube you engorge the lungs—perhaps already overloaded with half-oxygenized blood—and contribute thereby to the excitement of inflammation in those organs already predisposed in diphtheria to this morbid process. In the interest of your patient *be short, but be sure.*

In this case the pulse rate was increased after operation from 15 to 20 beats per minute. This we at first thought due to the excitement consequent upon the operation, and hoped that rest and quiet for a couple of hours would re-

store them to their previous condition, but it gradually increased in frequency, notwithstanding the respirations were easy.

Question: Did the introduction of the tube, or its presence there, favor extension of disease?

I confess myself unable to trace any relation between the extension of disease and the introduction or presence of the tube, though the fact remains.

The *conclusions* then from this case are:

It relieved the dyspnoea promptly and efficiently.

The parents did not object to or dread the procedure when proposed, and after the death expressed themselves "so thankful that we had operated and given the child such relief."

The operation is bloodless, free from danger, and free from serious shock, if successful in the first or second attempt.

As no special nursing is required, we could confidently leave our patient in the mother's hands for subsequent care, and congratulate ourselves when leaving the house on the striking contrast with the anxiety after tracheotomy.

In feeding—no small factor in the successful treatment at this stage—we experienced difficulty. Milk, cream condensed, and frozen cream, all alike produced violent and spasmodic coughing. I would therefore advise no food by the mouth, but would feed at stated intervals by an oesophageal tube, and thus save the irritation from any escape of fluids into the trachea, and the consequent spasmodic coughing—escaping also the repetition of asphyxia and pulmonary engorgement, which never fail to favor fresh invasion of disease.

If intubation gives us as successful results in laryngeal stenosis from diphtheria as tracheotomy (and it seems to give such promise), it has many points of advantage, and must be preferred.

In these conclusions I am supported by Dr. Wagner and Dr. Sweetnam, and we confidently commend the operation to our *confreres* in the treatment of croup, diphtheritic-croup, and laryngeal stenosis of syphilitic origin.

"Time," says Ovid, "is the best doctor."
"True;" remarks Bob Burdette, "time will even cure a ham."

A CLINICAL STUDY OF FIFTY-THREE CASES OF DIPHTHERIA.

BY JOHN FERGUSON, B.A., M.B., TORONTO.

By the time I have ended this paper all shall be agreed that it contains really nothing new. Notwithstanding this, I hope that some of our old faiths may be exhibited to view in new lights.

In the first place I shall speak of the fatal cases, five in all. One of these was a little girl aged 2 years and 3 months. She had just recovered from a medium attack of scarlatina, during which there was some albuminuria. The stage of desquamation was not completed, when she was taken ill with a marked attack of diphtheria, accompanied by a free formation of membrane. The membrane on the eighth day extended into the larynx, and an abscess formed at the left angle of the jaw. The child died on the eleventh day of the attack. The next three fatal cases occurred in the same family. The youngest was seven months. This little boy had never been taught to feed, and consequently refused everything except the breast. The membrane extended into the nares; and this, with an abundant coryza, so closed up these passages that on the second day the child could not nurse. The little patient died on the third day of the attack. The next death was that of a sister to the above, aged 3 years and 3 months. Three months previous to her last illness she had a mild attack of scarlatina, which was followed, however, by considerable anæmia. When taken with the attack of diphtheria there were some reasons for regarding her case as a promising one. On the fifth day she seemed much worse. Her temperature ran up two degrees and she began to cough. I feared the invasion of measles, as two other children were in bed with this disease in another room. This fear was unfortunately only too real. Extensive capillary bronchitis set in, and the patient died two days after the appearance of measles. The fourth fatal case was a brother to the two just mentioned. He was 16 years of age, and had successfully gone through a very severe attack of diphtheria, with an abundant formation of membrane on the tonsils, fauces, soft palate, pharynx, and in the nares. The fetor

was tremendous. All membrane had disappeared, and strength was returning. When informed of the death of his little sister he was completely overcome with grief. This information was communicated to him contrary to my instructions. He never fully recovered from the shock. When I saw him his pulse was very feeble, and only 32 per minute, and he could not swallow. Nutrient and stimulant enemata were given, and in this way life was maintained for three days, when the patient suddenly expired, being the eighteenth day of the attack. In the *Philadelphia Medical News* for 15th Dec., 1883, I reported three cases of sudden deaths in diphtheria. In that article an instance was given where strong emotion seemed to be the only cause for the unexpected and fatal result. In the case now under consideration all was going on well until he was informed of the death of his sister. What followed has already been stated.

The fifth death occurred nearly three months after the attack of diphtheria, and was due to paralysis. As this is a very interesting case I shall take the liberty of going somewhat into details. The attack in the first place was an unusually severe one. There was a very abundant formation of membrane on the tonsils and palate, and in the pharynx and throughout the nares. The membrane persisted for a period of two weeks. On one occasion, while I was spraying the throat, the patient coughed and expelled a portion of membrane over an inch in length, three-fourths of an inch in breadth, and, in the thickest part, one quarter of an inch. On carefully cutting this portion the naked eye could detect five or six distinct layers of membrane formation, the outer being the oldest and the inner the most recent. It was tough, dense and elastic, and could bear considerable pressure between the finger and the thumb without breaking up. The patient was a married lady, aged 22 years. She had been married four years, during which time she had had neither miscarriages nor children, and had menstruated but three times. Ten weeks subsequent to her recovery she went to the Exhibition, and spent an entire day upon the grounds and in the various buildings. The day was cold, there being a decidedly steady east wind, and in the evening

rain. On her way home she got wet, and stated that she felt very much fatigued. From this time onwards she was indisposed, and on 20th September sent for me to see her. On making the visit, she informed me that she had some pain in the region of the left lung. On applying the stethoscope over the part indicated by the pain, crepitant and subcrepitant râles could easily be heard. In addition to this the palate was partially paralysed, and fluids returned through the nostrils. She also complained of a feeling of numbness, and "pins and needles" in her hands and feet. There was marked loss of sensation on the anterior and lateral portions of the neck. By the 22nd she had lost the power of swallowing completely, and had to be fed by the rectum. The food ordered consisted of milk, eggs and meat extracts, all of which were carefully peptonised. She had $\frac{1}{8}$ grain of strychnine every four hours and all the stimulants that the rectum would bear. By the 24th September the left lung was pretty generally involved, and there were marked symptoms that the nerve supply to the respiratory muscles was being cut off. I ordered two fly-blisters, each one inch wide and six inches long, to be applied on the course of the pneumogastric nerves. These rose, and the patient felt greatly improved during the 25th. On the morning of the 26th the respiration had again flagged and the heart's action was greatly impaired. A fly-blister was applied along the spine from the hair to the first dorsal vertebra. This also rose well, and was followed by marked improvement in the symptoms. On the evening of the 27th she had a very bad turn, the respiration and heart's action being very faulty. Dr. Carveth saw her on this occasion with me, and assisted me to counter-irritate several parts of the neck with chloroform. We left her expecting to hear of her death in the morning. Instead of this, however, I found her greatly improved; the pulse was much fuller and stronger and could now be counted easily, which was quite impossible the evening before. She passed the 28th fairly well. On the 29th the rectum began to be irritable and reject the enemata. I passed an œsophageal bougie twice during the day, and gave her food by the stomach. On the after-

noon of the 30th Dr. W. W. Ogden saw her with me; the same general management of the case being continued. On the evening of this day she succeeded in swallowing a little, and told me she could feel the brandy and water go down to the stomach. During the night and the ensuing day, 1st October, she continued to swallow. On the 2nd October her symptoms again became very bad, having lost all power to swallow a second time. This afternoon Dr. J. E. Graham saw the case with me. By this time the left lung was involved throughout, and the lower half of the right. The heart was also extremely weak. She had 3j Tr. digitalis by enema, which was retained. The heart improved a little, but she lapsed again, and died during the night.

Now what was the pathology in this case? My own opinion was that it was mainly a peripheral ascending neuritis. While ill with the diphtheria she had decided albuminuria. From this she completely recovered. She had, in the interval of the two attacks, been well enough to go to Bradford and spend a week with her mother with comfort and enjoyment, and was doing her own housework up to the date of her going to the exhibition. From these facts I am slow to admit that the cause of the paralysis was really essential to the disease or toxic in its nature, though I believe this to be a true cause in some cases. I am also inclined to think that the anæmia remaining from the primary illness had no small share in the causation by at least weakening the tissues and favoring the extension of the inflammation. The neuritic view was strengthened by the good, though temporary, results of the counter-irritation, and was finally established by a post mortem examination of the nerve tissue taken from the neck. That profound anæmia may, in some cases, give rise to paralysis, I know. I have on one occasion produced symptoms of a true paralysis by keeping a young dog in a condition of great anæmia by daily bleedings, extending over a period of two months. In a case of cirrhosis of the stomach, which once came under my notice, there was a very extreme degree of anaemia; and with it evidence of some paralysis, other than the debility accompanying the condition of the patient.

A few remarks must now be made on the condition of albuminuria, which is so frequently present. Of my 53 cases, albumen was found in the urine of 39. Every specimen was tested by the four different methods of heat, nitric acid, Dr. George Johnson, and Dr. Oliver. The albumen was small in amount in 11 cases, medium in 13, and abundant in 15.

With regard to remedies, the following observations and suggestions are thrown out. In the first place, I would unhesitatingly condemn the use of chlorate of potash, and for the simple reason that in every case where given, it increased the amount of albumen in the urine. This observation has been also made in scarlatina. Now for chlorate of potash to do any good, it must be given freely, and the more freely the greater the danger arising from its use.

Quinine does not seem to have any special action, other than the merely tonic one. To give it in doses sufficiently large to act on the system, as a general antiseptic, it would be altogether too depressing; while in small doses it is almost useless.

The only other constitutional remedy to be mentioned is the tinct. ferri perchlor. In this there is nothing new, unless it be in the mode of giving it. For a patient of ten years, I order:

R Tr. ferri perchlor. 3i
Syr. simplicis. 3iii

Of this one teaspoonful is given in water every hour. If any irritation is produced in the stomach, give half the dose every half-hour. If the case be at all adynamic, the chances are that the dose can be increased rather than lessened. One little patient aged seven months, with great prostration, took every hour one teaspoonful of the following:

R Tr. ferri perchlor. 3ii
Syr. simp. ad. 3iv

This would be mins. 3½ for each dose, or about one drachm doses for an adult. In another case, that of a married lady, aged 22 years, with a very excessive formation of membrane, marked prostration, and great fetor, one ounce and a half tr. ferri perchlor. were consumed every twenty-four hours for some ten

days. This is the case that subsequently had paralysis and died.

The question may be raised as to bad effects from such doses. All I can say is that I have not met with any. These doses have not caused diarrhœa, nor have they irritated the kidneys, judging by the albumen in the urine, nor did they injure the stomach. One point is worthy of note. As the need for the medicine passes away less of it can be borne. The lady just mentioned, who used one and a half ounces a day during the true period of the disease, could not bear over mins. xv. every four hours during convalescence. In this respect there appears to be a sort of therapeutic harmony between the disease and the remedy. The greater the prostration, and the more the need for sustaining treatment, the greater the amount of the tincture the system can bear.

In twenty of my cases the blood of the patients was microscopically examined every day or every other day. It is really wonderful to note how rapidly the red blood globules are reduced in number; and further, to observe them becoming less healthy in appearance. Both of these tendencies are greatly counteracted by the free use of the tincture of iron as recommended above. My rule for its administration is, simply, all that the patient can retain every hour or half-hour, and the greater the need for it the greater this amount will be.

As to alcoholic stimulants, very little has been used, and I have not been able to notice any specific action other than stimulation.

The local treatment consisted in spraying the nose and pharynx with a fresh, caustic solution of lime water, neither diluted nor with anything added. In cases where the membrane was not abundant, this part of the treatment was omitted.

Does the tincture arrest the formation of membrane? This question, I think, must be answered decidedly in the affirmative. Saturate the system early with the iron and the increase of the membrane will be checked, in the same manner that the spread of erysipelas is influenced by a similar treatment. From what I have been able to judge from my own cases, the inflammation in the tonsils, fauces, pharynx and nares, accompanying diphtheria, partakes

very much of the nature of a phlegmonous erysipelas. Indeed, the phlegmonous and gangrenous inflammations of the throat, described by Lawrence, Dupuytren, and many of the older surgeons, correspond clinically very closely with what we now recognize as the local sore throat of the constitutional disease, diphtheria. In some cases of severe erysipelas which I have attended, as much as half-drachm doses of tincture of iron were given every hour with excellent results.

In some instances, where one of a number of children was taken ill with diphtheria, very good results have followed the administration of iron to the other children still unaffected. In the event of these taking sick, the disease did seem to be modified, and the system fortified against it.

Under the above treatment I have had only two examples of post-diphtheritic paralysis. In one case the paralysis came on about three weeks after recovery. It affected both arms, was not severe, and soon passed away. The second case is the one fully described already.

In all cases where the membrane extends into the larynx, abundance of steam, simple or carbolized, aids recovery very much. At the same time it must never be forgotten that a free supply of fresh air is imperative. With regard to the burning of tar, turpentine, sulphur, etc., in and near the room, I think we cannot be too careful, as these vapors only tend to irritate the trachea and bronchi, and guide the trouble into the very regions we are so anxious to guard against its inroads.

One of the leading works on diseases of children, published some twenty years ago, speaking of croup and diphtheria says: "The diet must be low and restricted." The very opposite of this is the true rule—abundance of milk, eggs, and good meat extracts, such as contain its nourishing constituents.

I shall now add a few remarks on some experiments which I have made with a view to determine whether the disease is a local or a general one; and whether it can be communicated to the lower animals or not. The first three experiments were on dogs. Membrane and discharges from the throat of a patient suffering with diphtheria were made into an

emulsion with water and injected beneath the skin. The first dog became feverish in a few hours, and by the second day had a sore throat, but there was very little if any membrane. This dog recovered. The second dog became feverish, but had no membrane, though a slightly congested throat, and got well. The third had a considerable amount of membrane. I killed this animal when it had just recovered from the sore throat, in order to examine the nerves of the neck and the spinal cord. There was a slight hyperæmia of the meninges. The kidneys were examined, without evidence of inflammation; yet this animal had passed albumen in the urine. Was the albuminuria due to a toxic condition of the system, or to the hyperæmia existing in the nerve structures, which might have caused some derangement in the various secreting and excreting functions of the body?

My other experiments were also three in number and conducted on calves. One was a complete failure; in another the only results were fever and malaise for a few days. One of the experiments, however, was very successful. The constitutional disturbance was well marked and on the fifth day after the injection of the virus, membrane appeared in the throat and subsequently became abundant. This animal was killed during the attack, and the nervous system carefully examined, but nothing unusual was discovered.

The above experiments are admitted to be very imperfect, yet they show that diphtheria is a truly constitutional disease, and that it can be communicated to the lower animals.

A MEDICAL ELECTION.—By a recent amendment of its medical laws, English practitioners have received the right to elect a certain number of direct representatives to the General Medical Councils—this council having previously been made up of representatives of the teaching bodies. Considerable excitement has attended the first election. The results, so far as known, give the election to Mr. Wheelhouse, Sir Walter Foster, and Dr. Glover for England, Dr. Bruce for Scotland, and Dr. Kidel for Ireland.—*N. Y. Med. Record.*

Selections.

[We are indebted to DR. ZIMMERMAN for the translations from the French and many of the therapeutic notes, and to DR. R. B. NEVITT for the Italian translations.]—ED.

SIMPLIFICATION IN THE TECHNIQUES OF THE SÄNGER OPERATION.

At the recent meeting of the German Gynecological Association in Munich, Dr. Sänger stated that, while the classic simplicity of the Cæsarean section was irretrievably a thing of the past, there was not necessarily any great complexity in the modern modified operation. His rules as to technique are as follows:

1. *Preparation.* No especial instruments are needed. The abdomen, vulva, and vagina are disinfected with sublimate solution,—the instruments with carbolic acid. Sponges may be substituted by large cotton wads dipped in the antiseptics just named or in chlorine water, or by napkins of sublimate gauze, etc. Two assistants are sufficient. In case of need the narcosis may be intrusted to a layman.

2. *The abdominal section* is in the linea alba. The application of hæmostatic clips and the introduction of provisional sutures may be dispensed with. Unless there has been death of the fœtus, rolling out of the unopened uterus is not advisable on account of the increased length of the incision involved and the likelihood of intestinal prolapse.

3. *The uterine section* is the anterior middle median incision, the lower uterine segment being avoided. The deep diagonal incision advised by Kehrer is not commended. In Cæsarean placenta prævia, the placenta may either be rapidly cut through or it may be loosened laterally. The author has followed the first method in one case, and the second in two cases; in neither were there any resultant difficulties in suturing or in arrest of hæmorrhage. The removal of the fœtus is best begun at the feet. If the head be retained the operator waits a short time and, if then necessary, enlarges the incision upward.

4. *Eversion of the uterus.* A napkin is spread over the intestines and the uterus en-

veloped in another. In the absence of elastic rubber tubing, an artificial bloodlessness of the uterus may be produced by manual compression or by torsion on its long axis. The placenta is separated by the fingers, and the patulency of the collum is ascertained. The uterine cavity is now disinfected with iodoform and is filled by sponges or strips of gauze until the introduction of the deep sutures.

5. *Sutures.* The deep sutures include the serous and muscular coats, but not the decidua. They are wide, eight to ten in number, and best made with flexible silver wire. The superficial stitches are taken with fine silk at the edges of the wound, and are from sixteen to thirty in number. In the absence of silver, which is highly commended, strong, aseptic silk may be employed.

6. *Washing out the uterus* is effected with sublimate, five parts to the thousand. Iodoform is applied to the line of suture, and the uterus is replaced as soon as all bleeding has ceased. There is no abdominal toilet except under especial indications, and *no drainage*. The abdominal wound is closed with silk knot sutures; iodoform and a thin adhesive plaster covers all. Ice bladders are placed upon the abdomen and several ergotin injections are given.

7. *The after-treatment* is to be as inactive as possible. Sanger maintains that while uterine suture is not strictly speaking easy, yet suturing the intestine is more difficult.—*Centralblatt f. Gynakologie.*—*Med. News.*

THE CONTAGIOUSNESS OF SCARLET FEVER.

A paper was read on the above subject at a recent meeting of the Philadelphia County Medical Society, by Dr. Arthur V. Meigs. The conclusions arrived at were as follows:—

1. Experience shows that scarlet fever is not so actively contagious as some of the other exanthemata, and that it is largely because it is so dangerous a complaint, and often so terribly sudden in its effects, that it is so considered, and that therefore

2. It is proper that we, as physicians, should combat the unreasoning fear the public have of

the disease, and should diffuse more generally an understanding of the real degree of its contagiousness, and should lay down rules with regard to what ought to be done to prevent its spread.

3. That it is comparatively slightly contagious during the first day or two after its outbreak, and that, therefore, it is very important to take all reasonable precautions even if the disease is not very early diagnosticated; in this respect differing radically from measles, whooping-cough, etc.

4. That the disease is not nearly so much carried from place to place by persons unaffected transporting it upon their persons and on their clothes as is commonly believed.

In the discussion which followed various opinions were expressed. Some of the members, Dr. Wilson in particular, were of opinion that the contagiousness of scarlet fever was not overestimated. The majority, however, were in accord with the conclusions arrived at by Dr. Meigs.

So far as our limited experience goes we quite agree with the reader of this paper.

We have long been of opinion that scarlet fever is not nearly so contagious as measles and whooping-cough. Several instances have occurred where the disease has been confined to one member of a household, by the rigid isolation of the patient affected. We have not known of a case of contagion the result of its conveyance in the clothing. It is remarkable that, although physicians are frequently in the midst of severe epidemics, they very rarely carry the disease home to their families. Doctors frequently take their children in the carriage with them on their rounds when visiting scarlet fever patients, without any ill effects.

There is no doubt, as Dr. Osler stated in the discussion, that individuals are much more liable to the disease at one time than at another, and that some persons more easily contract infectious diseases than others. We also think that the disease is more contagious during some epidemics in which it is especially severe.

The subject is one of a good deal of importance, and we would like to have the views of some of our readers with regard to it, especially those who have had large experience.

VERMIFORM APPENDIX.

A study, based upon 257 cases of perforating appendicitis, has just been made by Dr. Reginald H. Fitz, and appears in the October number of the *American Journal of the Medical Sciences*. From their consideration it is apparent that perforating appendicitis is a disease most frequently occurring among healthy youths and young adults, especially males. Further, that attacks of indigestion and acts of violence, particularly from lifting, jumping and falling, are exciting causes in one-fifth of the cases. A local cause is to be found in more than three-fifths of all cases in the retention in the appendix of more or less inspissated faeces, or in the presence there of a foreign body. The retention of faeces may be promoted by a constipated habit, but congenital or acquired irregularities in the position and attachments of the appendix frequently act as favoring causes. A fact in support of the last-mentioned statement is to be found in the frequency of successive attacks, one or more, of inflammation of the appendix. The inflammatory process once excited, its course and results show extreme variations; appendicitis may exist without giving rise to any characteristic symptoms, and often without a symptom of any distinct malady. Errors in diagnosis have been numerous, chiefly because the cardinal symptoms of localized pain, general heat, and circumscribed swelling have not been duly appreciated in their defined sequence. As to treatment, the first and last thought should be to keep the bowels quiet, together with absolute rest in bed, liquid diet in small quantities often repeated, and, above all, sufficient opium to neutralize pain. If, after the first twenty-four hours from the onset of the severe pain, the peritonitis is evidently spreading and the condition of the patient is grave, the question should be entertained of an immediate operation for exposing the appendix and determining its condition with reference to its removal. If any good results are to arise from such treatment it must be applied early. If surgical interference is not instituted within the first twenty-four hours after the onset of the sudden and intense right iliac pain, to keep the bowels quiet must

still be the injunction. The formation of the tumor, the circumscribing of the peritonitis, is then to be awaited. It is sure to form, in the large majority of cases, if the patient live long enough. It is only in a small fraction that it occurs before the third day. In more than two-thirds of the cases the contents will escape externally or internally. Without surgical aid the escape is into the peritoneal cavity in most instances, with a rapidly fatal result. In a smaller number, the escape elsewhere not infrequently produces serious, if not fatal, sequels. Dr. Fitz concludes his elaborate study of the disease and its treatment with the following statements: The vital importance of the early recognition of perforating appendicitis is unmistakable. Its diagnosis, in most cases, is comparatively easy. Its eventual treatment by laparotomy is generally indispensable. Urgent symptoms demand immediate exposure of the perforated appendix, after recovery from the shock, and its treatment according to surgical principles. If delay seems warranted the resulting abscess, as a rule intraperitoneal, should be incised as soon as it becomes evident. This is usually on the third day after the appearance of the first characteristic symptom of the disease.

A SIMPLE AND EFFICIENT METHOD OF TREATMENT OF TÆNIA.

Reported by H. A. VEAZIE, M.D.

During the past year a little boy, aged three years, became the host of a large tænia, which was attributed to his having eaten raw beef, given to him during an attack of dysentery some few months before.

His symptoms included restlessness, wakefulness, capricious appetite, irregular fevers, urticaria, coated tongue denuded in spots, and a tendency to fall without any apparent cause. An examination of his stools revealed on one or two occasions several inches of the worm.

Several physicians were consulted and various remedies were tried, but without success. Among other things used were male fern, pumpkin seed and kamela, but their only effect was to bring away a few joints. One reason for the failure was the impossibility of getting the little fellow to fast. He would cry so hard and

beg so piteously for food, that his mother could not starve him, as she was instructed to do.

Finally, after every other plan had been tried unsuccessfully, the following course was adopted: A large pumpkin was bought and made into pies. The seeds were dried and hulled, and the pockets of the little fellow filled with them. Whenever he got hungry he was given a piece of pie, about all he ate in twenty-four hours. In addition, he was encouraged to eat the seed quite freely. For one day he tried seed and pie exclusively. At night he was given fifteen grains of kamela. The next morning, the first thing he said to his father was, "Papa, the worm is dead." At nine o'clock he passed the worm, head and all. Its total length was thirty feet, which, added to the pieces which had been passed before, and carefully measured, made altogether forty feet. The little fellow is in excellent health.

I have since tried this plan in several cases with good results.—*New Orleans Med. and Surg. Jour.*

CALOMEL AS A DIURETIC.

The calomel treatment in dropsy, especially that of cardiac origin, is being much spoken of lately. It was discovered accidentally by Jendrassik while treating a man in whom a dropsical effusion was supposed to be syphilitic in nature. He at first used calomel and jalap combined, but further experiments showed him that the latter drug was superfluous. The most effective dose is three grains from three to five times a day, but the diuretic action of the drug does not show itself until some two or three days after beginning its use; that is, not before indications of its absorption appear, then polyuria begins and lasts until all effusions vanish. Any dose above three grains will very likely purge, in which event diuretic action is not obtained. Furthermore, after diuresis has begun it is not necessary to continue the calomel, for polyuria will not cease until oedema has disappeared. The author is unable to explain this action of calomel unless it is through the absorption of the effused materials by the blood.

If healthy persons are subjected to this

treatment mercurialization occurs, but no diuresis. He also failed in pleuritic exudations with diminished urination. This plan, too, seems to be contraindicated in cases where dropsy is due to renal disease.

Where diarrhœa or stomatitis follow this use of calomel, a little opium (one-seventh grain) will check the former, without diminishing the urine, while chlorate of potassium, as a gargle or internally (twelve grains daily), will relieve the latter.—*Boston Med. and Surg. Jour.*

PNEUMOTOMY.

We predict that there will yet come a time when we shall have pneumotomies and pneumotomists in surgery, just as we now have ovariotomists and ovariectomies. Already pneumotomy has made much headway, and has encountered far less opposition than did laparotomy. Since the lungs are the most frequently diseased of all organs, the surgical opportunities which they invite may develop almost indefinitely.

A most successful pneumotomy, recently performed at the Hôpital Trousseau, by MM. Prengreuber and de Beurmann, illustrates so clearly what the operation is capable of doing, as well as its comparative simplicity, that we venture to give an account of it.

A child of twelve years entered the hospital with a history of having been ill for four years. Six months before admission it had been suddenly taken with fever, pain in the right side, and vomiting of blood. It improved for a time, then relapsed, and on admission to the hospital was found to have a good-sized cavity in the lung. The child's expectoration was very fetid, and a gangrenous process was diagnosed. No tuberculosis was present, judged by the absence of bacilli from the sputa; and it was supposed that the gangrene and excavation had been caused by the breaking down of a bronchopneumonic process or of a suppurating interlobar pleurisy.

A U-shaped incision was made in a line with, and below, the lower angle of the scapula, and the tissues cut through to the bone, a circular wound ten centimetres in diameter being made, at the bottom of which lay the fifth and sixth

ribs. The periosteum was incised in a longitudinal direction, and very carefully dissected off the rib. About two inches of each rib was then removed.

A fenestrum had now been made in the thoracic wall, of which the vertical walls measured seven to eight centimetres, the horizontal five centimetres. At the bottom of the wound the lung could be seen bound firmly to the wall by adhesions of the visceral and parietal pleurae. The lung was now penetrated by a thermo-cautery moderately heated. After it had reached a depth of three centimetres it entered the cavity, as was evidenced by the exit of fetid gas and secretions. The opening was enlarged so that a finger could be passed into the cavity. It was left to drain itself without any washing or disinfection. The operation lasted only three-quarters of an hour, and there was no loss of blood; air passed freely in and out of the thoracic wound. The expectoration became gradually less fetid and smaller in amount, and by the fourth day the communication of the cavity with the bronchi had closed. The cavity was then for the first time systematically washed out, and began to heal up. At the end of three weeks the healing was not complete, nor had the fetor entirely tirely disappeared, but the general condition of the patient was excellent and showed plainly the efficacy of the operation.—*N. Y. Medical Record*.

WARTS.—The *Med. Press*, October 20, says: It is fairly established that the common wart, which is so unsightly and often so proliferous on the hands and face, can be easily removed by small doses of sulphate of magnesia taken internally. M. Colrat, of Lyons, has drawn attention to this extraordinary fact. Several children treated with three-grain doses of Epsom salts, morning and evening, were promptly cured. M. Aubert cites the case of a woman whose face was disfigured by these excrescences, and who was cured in a month by a drachm and a half of magnesia taken daily. Another medical man reports a case of very large warts which disappeared in a fortnight from the daily administration of ten grains of the salts.

SYZYGIUM JAMBOLANUM IN GLY-COSURIA.

Dr. C. C. Kingsbury thus writes in the *Med. Age*:

During the month of June last, I was called to see Mrs. McF——, multipara, aged 54. Her case was somewhat obscure, owing to her reticence, and being a very energetic business woman, she had kept going as long as possible.

In examining her urine I was interested in its peculiar color and odor, and proceeded to test for sugar. On inquiry I found that for some two years she had been treated for "kidney trouble," and had taken a good many kinds of medicine. Taking an ounce of recently voided urine, I found it contained between thirty-five and forty grains of sugar. I treated her to the best of my ability with such remedies as are usually laid down in our books as indicated in diabetes, until Aug. 24. On that day I succeeded in getting and preparing for her an infusion of syzygium jambolanum, one-fourth ounce to the pint of water. Dose, one teaspoonful three times per day, gradually increased to two tablespoonfuls four times per day.

On the 27th of August her urine showed fifteen grains of sugar. I have not had an opportunity of making a test since, but am to-day (September 6) in receipt of a letter from the lady's daughter in which she reports continued and rapid improvement in her mother's condition. During a practice of thirty-five years I have seen many such cases go down to the grave under the treatment of skilful, honest, and earnest men, and was thus led to try a new method in this case. I did not follow any of the prescribed rules as to diet, but told my patient to eat any kinds of food that she relished and that agreed with her.

The improvement which so promptly followed will, I am sure, convince any one of the wisdom of giving the new treatment a trial in this class of cases.

Dr. William Goodell, of Philadelphia, has performed thirty ovariectomies within the last year, with only one fatal result out of the whole number. As these were not selected cases, such a series will compare most favorably with any heretofore reported.

THE EXTRACTION OF THE AFTER-COMING HEAD.

From time to time, during the past few years, an animated discussion has arisen in the German medical press, as to the comparative merits of manual and instrumental extraction of the after-coming head in breech presentations, and after turning, especially in cases of contracted pelvis. Credé has been the foremost advocate for the use of the forceps, while Schröder and his followers condemn this practice, and recommend manual extraction alone.

In a recent number of the *Berliner klinische Wochenschrift*, A. Martin declares himself also in favor of manual extraction; but, appreciating the danger to the child which undoubtedly attends the present manner of applying this method, he proposes a modification which he has practised in thirty-eight cases with very good results. Instead of the usual method of placing the finger of one hand in the child's mouth, and hooking the fingers of the other over its shoulders and then pulling vigorously, throwing all the strain on the lower jaw and cervical vertebra, Martin's plan is to introduce the middle finger of the hand, the palmar surface of which corresponds to the abdomen of the child, into the mouth, and make moderate traction upon the lower jaw, while the other hand is used to make powerful pressure upon the child's head externally and from above. Of thirty-eight children extracted, or rather expressed in this manner, seven, or eighteen per cent., were stillborn, a result better than that obtained by the forceps in the hands of Credé himself, who reports in the *Archiv für Gynäkologie*, Band xxv., sixteen cases, of which number, four, or twenty-five per cent., were stillborn. In view, therefore, of the comparatively good results achieved, the wish expressed by Martin that the profession may at least deem this method worthy of trial will probably be gratified.—*Medical News*.

ETHER SPRAY IN THE REDUCTION OF HERNIA.
—Dr. George R. Fellows, of Moose River, Me., writes: "About two years ago I was called to see a case of strangulated hernia of two days' duration. Two physicians had been called, but

were unable to reduce the hernia by ordinary means. The patient was suffering terribly, but was unable or unwilling to take opiates of any kind. Thinking to relieve the pain, I sprayed the hernia with ether, using a common hand-atomizer, and was greatly surprised to find the hernia disappearing spontaneously. Since that time I have used ether spray in strangulated hernia in several cases, always with the best results, the operation being painless, and reduction occurring spontaneously or with slight pressure."

TREATMENT OF UTERINE FIBROIDS.

Dr. Goodell, in a clinical lecture reported in the *Virginia Medical Monthly*, says: In the treatment of fibroid tumors of the uterus, the remedy *par excellence* is the combination of ammonium chloride in ten-grain doses, three times a day, with as much of the fluid extract of ergot as the woman can bear. In order to make the treatment as inexpensive as possible, I shall direct the patient to procure six drachms of chloride of ammonia, and dissolve it in a pint of water. Of this she will take a table-spoonful in a little water three times a day. She will also take twenty drops of the fluid extract of ergot three times a day, if possible before meals. If this should cause too much pain, the dose will be lessened. If it upsets the stomach, she will take it after meals.

I shall direct her to report the result of this treatment in two weeks. If in two months there is no decided improvement, I shall recommend the removal of the ovaries—an operation which, in my hands, has never failed to put a stop to menstruation, and arrest the growth of the tumor.

As illustrating the effect of the treatment by ammonium chloride and ergot, I may state that in June, a lady, who had been bleeding excessively, presented herself at my office. She was 50 years of age, and had a fibroid tumor. She had been taking ergot for some time without benefit. I gave her the remedies just indicated. In July she again came to see me, and I found that the uterus, which one month before was five inches long, now measured only four and one-half inches. I saw her again this morning

and the sound gave a measurement of only four inches—a diminution of one inch in three months. Her last period was the best she has had for years. This patient will probably be tided over the climacteric, after which the tumor will become smaller and smaller. I have, however, never known it to disappear wholly; but it then usually becomes innocent.

IODOL, THE NEW ANTISEPTIC.

Two recently published papers on iodol, one by G. Schmidt and the other by Fr. Pahl, disclose some additional facts in reference to their new antiseptic agent. Schmidt employed iodol at the University clinics of Heildelberg in the following forms: 1. As a powder, applied to the wound like iodoform. The iodol formed no scab with the secretion; the secretion itself was odorless, the granulations abundant and the healing of necrotic ulceration surface satisfactory. 2. As a solution 1:16 of alcohol + 34 glycerine, intended for tampons in carcinomata of the uterus and rectum, also for injections in fistulas and ulcerative cavities. 3. As iodol gauze. Schmidt expresses himself thoroughly contented with the results obtained with these various modes of iodol application, and lays particular stress upon the absence of all intoxication phenomena in the use of the new antiseptic. He believes, however, that the granulations obtained from the use of iodoform are more luxuriant than those appearing after the employment of iodol.

Pahl, commends, likewise, the use of iodol, especially in view of its "comparatively slight toxic qualities."—*Therapeutic Gazette*.

FORTY THOUSAND NEW DOCTORS IN TEN YEARS.—The *Medical Record* says that in the last nine years 103,595 persons have matriculated as medical students, and one-third of these, or 33,684, have become doctors of medicine. At this rate the total number of doctors for the decade will be nearly forty thousand. For making these the medical colleges must have received over twelve millions of dollars.

THE THERAPEUTIC USES OF WATER.

BY D. T. SMITH, M.D.,

Lecturer on Medical Jurisprudence in the University of Louisville.

It is in the treatment of fevers of various kinds that the efficaciousness of water is exhibited in the highest degree, though in numerous other affections it will be found to occupy a leading position. It is beneficial in various fevers, by reason of the comfort and agreeable sensations it produces, exalting the mental and strengthening the vital forces of the patient, and by reducing the temperature where this is so great as to endanger life.

When used for the purpose of reducing temperature, I have found no better way than pouring cold water over the patient's head. The full bath and the wet sheet are preferred by many, but the physician must possess very fully the confidence of his *clientèle* if he can carry it out in private practice without considerable difficulty. Indeed, I much incline to doubt if there is sufficient advantage, even when readily submitted to, to compensate for the extra annoyance and shock to the patient.

Sponging the body with either cold or hot water is good treatment. The cooling effect of the hot sponging being probably not less than that of the cold, while it is often, even in the highest fever, a more agreeable application.

Water taking the form of vapor, absorbs a thousand degrees of heat. If then, cloths are wrung from hot water and applied to the body, evaporation takes place very rapidly, and the heat required for the vapor is taken in large part from the tissues. The pores also, in this way, are left open to continue giving off heat along with the insensible perspiration. With cold water, on the contrary, it often happens that the pores are closed by spasm, so that all the heat removed must be absorbed through the substance of the skin and subjacent tissues.

Where there is internal pain or inflammation, as in pneumonia, pleuritis, or peritonitis, only the hot applications should be made use of. In these diseases the applications can not be too diligently kept up from the very beginning. About the head, however, in these diseases, cold water can generally be used to advantage, and, since no contraction can take place in the

calvarium, and the water may be brought close to large masses of blood, there seems to me no more rapid way of reducing temperature. Even ice with proper precautions, may here be used in various ways to the greatest advantage.

In several cases of deep stupor from intense malarial fever, I am sure I have saved life in this way. In these cases, being called to patients already in such a state of stupor that nothing could be swallowed, and apparently beyond the reach of internal medication in whatever way applied, I have ordered cold water poured on the head in great amount, with the result that they speedily rallied and made a good recovery; quinine, of course, being given to remove the cause of the disease.

In persistent vomiting there are few remedies, or none, so efficacious. Cloths freshly wrung from hot water applied to the stomach, iced water externally over the pharynx, and iced water or hot water frequently swallowed in small quantities, relieve the vast majority of cases of vomiting. In the convulsions of children, due to intensity of fever, the method of using is that already described, viz., pouring it on the head.

In the convulsions of hysteria it acts like magic when properly used. In these cases we have to discriminate, since the rude use of water which gives the best result can not always be resorted to. Where we have full control, as among certain indigent and hospital patients, we can relieve these cases almost instantaneously by the dashing of water from a distance upon the face and head, as if we were bent on drowning them. A few minutes usually suffice for the relief of the worst cases.

In many cases of this character, where the nervous element is prominent, the treatment seems to act by breaking up the association of ideas or emotions that have taken on a warped character and engross the attention of the mind.

As a hemostatic, hot water occupies the very front rank. In memorrhagia or *post-partum* hæmorrhage nothing else compares with it in a great majority of cases for arresting the excessive discharge.

In the morning, when we need to wash out from the blood and tissues the ptomaines ac-

cumulated during the previous night, and which makes us feel so weak, languid, and worthless, at a time when it seems we ought to be at our best, what is better than plenty of pure cold water drunk freely from the moment of first waking?

In heartburn, and especially in that form in which eructations of sulphuretted hydrogen occur, there is no better course, perhaps, than to fill the stomach with water, pending other measures of treatment.

In this way a patient may be able to come out in the morning fresh and comfortable, whereas, if the attack had been permitted to run on through the night, a week would have been required for the stomach to recover its normal tone.

As a laxative water has no equal for persistence of effect and freedom from untoward after-results. In this trouble the patient should begin on first waking in the morning, and drink from time to time as the stomach will bear until breakfast, or as experience teaches it to be necessary. When food is taken into the stomach, and the flow of gastric juice begins, the absorption of water in a measure ceases, and in large quantities it will then prove harmful.

For local inflammations, especially after injuries, water stands almost alone.

After dislocations or severe sprains or bruises, it is my custom to have a large vessel, usually a bucket, with a hole made in or near the bottom, swung so as to permit a stream of water to pour constantly on the injured part, using water as hot as it can be borne with comfort. In warm weather, however, and in injuries of the extremities, it may often with advantage be used cold. In this way I have seen a case of dislocated patella recover without perceptible swelling.—*The American Pract. & News*.

ON A MEANS OF RECOGNIZING THAT THE UMBILICAL CORD IS ROUND THE NECK OF THE CHILD.—Dr. F. R. Humphrys, in the *Brit. Med. Jour.*, says that in nearly all the cases of this occurrence he has come across, the mother has cried out, much the same as she would in the early part of the first stage of labor, and com-

plained of sharp acute pain, which stands out in curious contrast with the bearing-down of the latter part of the second stage of labor, (when the head is on the perineum) at which it is obscured. He has very rarely noticed this cry when the cord was not round the neck of the child.—*Medical and Surgical Reporter*.

WHAT OTHERS SAY OF US.

[Extracts from editorial notes of the recent meeting of the American Public Health Association in Toronto, *St. Louis Courier of Medicine*]:

Among the institutions of Toronto which are of interest to a physician, I must mention the Toronto General Hospital where I spent some hours very pleasantly.

The institution has a large, well-constructed building, in which are the general, surgical and medical wards, and the amphitheatre in which clinical lectures are given. In a detached building, only connected with the larger building by an open corridor, are the wards for eye and ear patients. The lying-in wards are in a building which stands by itself, entirely apart from the main building. They have accommodations for twenty-five patients in the lying-in wards, and for two hundred and fifty in the whole institution. The number in the wards at the time of my visit was about two hundred and twenty, including a number of cases of typhoid fever.

The hospital has quite a considerable endowment, in addition to which the Dominion Government pays forty cents a day for each patient cared for, and the City of Toronto pays thirty cents a day for each patient sent in by the city authorities. Then they have private rooms for the reception of pay patients who choose to avail themselves of the opportunity for greater seclusion than they would find in the general wards. Such patients are at liberty to make choice of professional attendants from any member of the hospital staff with whom they make any arrangement that proves satisfactory with regard to compensation. In case a patient in a private room makes no selection of attendant, the physician or surgeon, as may be, on duty at that time

takes charge of the case, and compensation for his services is optional with the patient.

The hospital staff is triple, each set of attendants being on duty four months at a time, taking charge of the patients and lecturing to the students in the hospital theatre. There are two medical schools situated in the immediate vicinity of the hospital. One set of hospital staff attendants is selected from each school, and one set from the profession not connected with either school. The hospital staff lecture to the students, not as coming from one or the other school of medicine, but as having taken out tickets which entitles them to attend these hospital lectures, for which they pay entirely independently of their college ticket. The charge for the hospital ticket lectures is eight dollars for one year, or twenty dollars for the four years' course. The theatre in which the lectures to students are delivered is exceptionally well adapted for the purpose. It is claimed that it will seat six hundred students, and that every one is so placed as to readily see a patient placed upon the table for operation. It certainly is better arranged in this regard than any other room that I have ever seen. Thanks to the courtesy of Dr. Adam Wright, one of the clinical staff I had the pleasure of meeting the class of students in their theatre, and of giving them a friendly greeting in the name of the profession south of the Great Lakes. In appearance the medical students of Canada are much like those of the States, except such difference as might be expected between classes who must of necessity attend four courses of lectures and those who are rushing through in half that time. Among the students in the hospital theatre I noticed several young ladies who are in attendance as regular matriculants.

The nursing in the hospital is all done by the pupils of a Training School for Nurses, which is conducted as a department of the hospital work and is in a flourishing condition. A large class graduated on Wednesday evening of the week in which the meeting of the A. P. H. A. occurred.

The superintendent of the hospital, Dr. Charles O'Reilly, has been for eleven years in charge of the institution, and has proved a

most efficient officer. The system of ventilation in the wards, which has been arranged in accordance with his express directions, is most efficient and thoroughly satisfactory.

Thursday evening, in lieu of a public address as an inaugural of the course of medical lectures for the year, the faculty of the Toronto Medical College gave a conversazione to which an invitation was extended to the members of the A. P. H. A. This was attended by a few of the members of the Association, the greater part being occupied with the regular business till too late to go. The absence of these delegates, however, was hardly to be noticed in the throng of ladies and gentlemen who filled the halls and other rooms of the college, and enjoyed the music and other entertainment there provided.

LOCAL APPLICATIONS IN VAGINITIS.

Slocum has recently, in *The Medical News*, called attention to a communication upon the use of vaginal tampons of absorbent cotton "coated with boracic acid" in the treatment of profuse and offensive leucorrhœa, a method which he prefers to the use of boroglyceride cotton tampons, because the glycerine causes a copious watery discharge which, though at times beneficial, is not always desirable. At the Jefferson Medical College Hospital boric acid has been used in the treatment of vaginitis with very satisfactory results. A large cylindrical tampon with a string attached to it, is covered with glycerine and then thoroughly coated with boric acid sprinkled from an ordinary pepper-box. It is allowed to remain in the vagina for forty-eight hours.

Delineau, in the *Révue Médico-Chirurgicale des Maladies des Femmes* for October, advises, in vaginitis, the use of a powder composed of salicylic acid three parts, powder of poplar charcoal five parts, and powdered talc ten parts, applied by an insufflator to the entire vaginal surface.

We find in the same number of the *Révue* the following method of preparing salicylated cotton, which may also be used not only for uterine, but also for vaginal application. One hundred parts each of concentrated alcohol

and of purified cotton, ten of salicylic acid, and one of glycerine are provided. The salicylic acid is dissolved in the alcohol, the glycerine added, and then the cotton is saturated in the mixture, the superfluous fluid squeezed out, and the cotton dried and kept in hermetically sealed flasks.—*Med. News*.

POST-PARTUM TROUBLES IN AMERICAN WOMEN—TOO MUCH GYNECOLOGY ONE CAUSE.

Sir: I have read with great interest your recent editorial in *The Medical Record* concerning post-partum troubles in American women. I cannot agree with Dr. Barnes in his estimate of the causes of injuries following parturition in American women, particularly his assertion that American women are defective in physique. It is very true that we have many women of defective physique in this country, but these it can be proven are mostly of foreign birth. I have been quite an extensive traveller in Europe, but have failed to find the women of any nation more beautiful or better formed than those of the native Americans in the United States. Indeed, our American girls, and especially those of the last generation and those born since the close of the last war, are, in fact, generally superior to those of any other nation, with only a possible exception in the English. Our girls certainly suffer from too much indoor life, but I think this is being very rapidly corrected, and out-of-door games and occupations are becoming more and more popular.

The greatest danger our girls and young women have nowadays to encounter is the amateur gynecologist. As soon as a physician possesses a brass-mounted table and a speculum and a pair of forceps, he is recognized at once as making a *specialty* of gynecology, and the number of congestions, ulcerations, flexions, versions, and heaven knows what all, that afflicts our young girls from sixteen years upward is simply awful! No, the girls are all right, but the gynecologist is all *examinations*. Give our women a reasonable rest, and spare the dreadful nickel-plated speculum, and our women will be healthier and happier, and there will be less to complain of concerning post-partum troubles

in American women. The poor uterus, punched, pricked, soaked with iodine, or blistered with nitrate of silver and all the other applications, not to speak of the legion of pessaries which are introduced, for no good reason, is enough to make any woman weak and liable to post-partum troubles, even if such abuse does not make them sterile.

For young girls of sixteen to be subjected to the examination with a speculum, or for girls of nineteen to be obliged to carry about a pessary big enough for a multipara, is certainly not very desirable, and reflects little credit upon the amateur gynecologists who carry out such meddling theories. Gynecology is useful, and oftentimes indispensable; but every candid physician must admit that we have at present in full operation all the gynecologists we shall need for twenty-five years to come. There are other departments of medicine much worse off, as regards numbers, than gynecology, and the advice of the old physician to the younger when asked if an examination should be made, when he replied, "Don't," is a good advice in a large number of gynecological cases to-day.—*N. Y. Med. Record.*

SOME MODIFICATIONS IN BRAIN SURGERY.

Mr. Victor Horsley's contribution to the subject of "Brain Surgery," at the last meeting of the British Medical Association, contained a number of practical suggestions, as well as some radical departures from ordinary methods. Surgeons will do well to consult his article in detail. We can present here only the main features of his paper. Mr. Horsley describes the method of operating when portions of the brain-substance are to be incised or excised, but some of his methods can be adopted with advantage in ordinary operations for trephining.

The main points upon which he lays stress can perhaps be summed up as follows:

First. Strict antisepsis, including the use of the spray, is enjoined. The patient's head, on the day before the operation, is shaved, washed with soft soap, and then with ether. The portion to be operated upon is then covered with carbolized lint for twelve hours or more.

Second. A purgative is given on the day before the operation, and an enema on the day of the operation. Chloroform is used as an anæsthetic, as a rule, and just before anæsthetizing the patient he is given one-fourth of a grain of morphine. This allows a less amount of chloroform to be used, and it also contracts the cerebral capillaries and lessens hemorrhage.

Third. The incision in the scalp is not cruciform, but semi-lunar. It is carried directly to the periosteum, and its curve is to be directed so as not to cut large vessels, and so as to allow drainage when the patient lies on his back.

Fourth. A very large trephine is used, one of two inches in diameter. Or, two smaller openings may be made, and the intervening bone removed with a Hey's saw. The dura mater is cut around four-fifths of the area exposed, and at a distance of one-eighth of an inch from the edge of the bone, so that it can be stitched into its place again. If the dura mater is intact, and can thus be replaced, the pieces of bone removed are placed between aseptic sponges, are cut in small pieces, and replaced at the end of the operation between the dura and the flap.

Fifth. The hemorrhage caused by incisions into the brain itself, can be controlled by plugging with small bits of sponge. The hot iron is not recommended.

Sixth. Wound cavities produced by the removal of brain are not to be drained for more than twenty-four hours. At the end of this time the drainage-tube is removed. The advantage of this plan is that the inflammatory exudation causes a pressure which is beneficial. If this exudation becomes too great, it can be lessened by opening up the track of the drainage-tube with a probe.—*N. Y. Med. Rec.*

TREATMENT FOR RECENT LACERATIONS OF THE CERVIX.—This formed the subject of a paper read before the late meeting of the American Gynaecological Society, by Dr. Ellwood Wilson, of Philadelphia. When the laceration is observed immediately after labor he directs vaginal injections of corrosive sublimate solutions—1 to 5000; three to be used every other day and an idoform suppository inserted after

each irrigation. If the injury is discovered within three weeks after delivery his method is, after thoroughly cleansing and drying the part, to paint the surface with a solution of nitrate of silver—60 grains to the ounce. Dr. Wilson stated that three to five applications at intervals of about five days usually sufficed to make a complete cure.—*Practice.*

THE VALUE OF COMBINING DRUGS.

It has long been known that by combining drugs certain results may be produced which will not follow if any one of the ingredients be given singly. To Dr. Fordyce Barker belongs the credit of having shown this fact very clearly some years ago.

Quite recently Profesor Goll has called attention to practical points in the same direction. (*Therapeutic Gazette*, September, 1886.) Thus opium, given with irritating or emetic substances, lessens the irritating property. When given with tartar emetic, for example, it prevents the painful retching and cramps, without preventing emesis. When given with mercury the rapid elimination of the latter drug is prevented, it is more abundantly absorbed, and its constitutional effect more quickly obtained.

The utility of opium used in conjunction with morphia is often observed, relieving as it does the subsequent nausea and vomiting. Given with iodide of potassium it will often prevent the disagreeable nasal catarrh caused by the iodide. The combination of belladonna or hyoscyamus with cathartic drugs, in order to prevent the griping, is a well established therapeutical practice. Belladonna, by eventually paralyzing the intestinal muscular fibres, is useful in colic.

Another use for belladonna is its administration as a cardiac stimulant. The following statement of Luchsinger deserves to be widely known: "If the heart is brought to a standstill, whether by chloroform or potassium salts, by gallic or oxalic acid salts, by apomorphine, quinine, zinc, or poisonous mushrooms, atropine will always succeed in the commencement of the paralysis in restoring the action of the heart." Again, the combination of morphine and atropine in the proportion of twenty to one

will accentuate the action of cocaine; combined with chloral, belladonna reduces the paralyzing action of the former on the heart, while, according to Bert, Morat, Aubert, Doster, and Laborde, preliminary injections of atropine will greatly remove the danger of arrest of the heart in chloroform narcosis. Finally, the combination of belladonna with quinine or salicylic acid has deserved the greatest reputation in the treatment of neuralgia.

Still another use of the combination, says the *Gazette*, of drugs is called attention to by Dr. Goll, where the production of solubility plays the most important rôle. Mercury, as is well known, is with difficulty absorbed, and is corrosive in many solutions. The combination of mercury with albumen forms one of the most absorbable compounds. Such a solution is easily prepared by warming a solution of one of the heloid salts of mercury in the presence of a soluble albuminate.

THE TREATMENT OF RHEUMATISM IN THE BOSTON HOSPITALS.

Dr. Francis Minot usually employs in the treatment of acute articular rheumatism, ten grains of salicylic acid or fifteen grains of sodium salicylate, for an adult, every hour, or every two hours, until the pain and fever abate; after that, at longer intervals according to circumstances. If there be indications of endo- or pericardial complications, sinapisms are applied, followed by fomentations, and quinine is given in two grain doses, three or four times daily. In cases of suspected cerebral inflammation ice is applied to the head, with opium, chloral hydrate, aconite, etc., internally. The affected joints are simply wrapped in cotton wadding. Purgings are avoided.

The diet during the acute stage consists chiefly of milk and farinaceous articles. Wine and other stimulants are ordered according to the degree of prostration. The patients are kept in bed at least a week after all pain and swelling have subsided, and the temperature and pulse have fallen to the normal standards.

In the more chronic forms of articular rheumatism, reliance is chiefly placed on quinine

and iron. In all cases care is taken during convalescence to prevent fatigue, exposure to cold, and errors in diet.

Dr. F. C. Shattuck uses a combination of the salicyl and alkaline treatment, with a view to—first, relief of the articular pain and swelling; and, second, the prevention of cardiac complications, the results of which are far more serious than are those of the inflammation about and in the joints. He finds that under the use of the salicyl compounds the joint pains and the fever yield more promptly and fully than any other medication. Relapses are, however, common; and it would seem that, though the patient is made much more comfortable, his stay in the hospital is but little if at all shortened. There are good authorities who maintain that this treatment tends directly to lessen the liability to cardiac complications; there are other equally good and more numerous authorities who maintain that it has no such direct action. That the full alkaline treatment has some effect in averting and curing these complications, rests on evidence strong enough to make us listen to it; and the stay in hospital under its use is, if the statistics quoted by Professor Howard in *Pepper's System of Medicine* are reliable, rather shorter than under the salicyl compounds.—*Med. News*.

CANCER OF THE WOMB—We find in the *Medical Press* that Prof. Sireday uses a very simple but effective palliative treatment for cancer of the womb, and in the many cases in which he applied it, the patient's sufferings were rendered very supportable. His method consists in washing out the vagina by a solution of corrosive sublimate (1:3000), and in applying small plugs of cotton imbibed in a four per cent. solution of chloral and dusted with iodoform, to the wound. It is essential that the wound should be exactly covered with the first plug and left *in situ* for two days, when the dressing is renewed. After a few days of this treatment the ulcer, which hitherto wore a very ugly aspect, becomes clean and resembles an ordinary wound, and the pain is greatly lessened. By this method also hæmorrhage is arrested, and thus the life of the patient is prolonged and her general state is greatly improved.—*Archives of Gynecology*.

SEVERE ON THE PHILADELPHIA DOCTORS.

On Thursday evening, November 18, by special invitation of the College of Physicians of this city, Dr. E. O. Shakespeare delivered an "informal talk" before that body, reviewing briefly the main points in his forthcoming official report on cholera. We can truly say that it has been many a long day since those who were present have listened to a "talk" so instructive and so interesting. We do not like to indulge in strong language, but we feel compelled to say that the mass of the profession of this city ought to be ashamed of themselves. To listen to this wonderfully interesting address less than one hundred doctors assembled, although the whole profession was invited. If it had been stated on the card of invitation that fried oysters, chicken salad, and champagne would be served free after the address, the neighborhood of the college would have presented a scene somewhat analogous to the late Chicago riots. We always knew that doctors had stomachs, and we realized that they had a perfect right to enjoy the good things of this world as much as any one else (even though the matutinal headache and sick stomach might follow), but we also imagined that they had brains, and we were foolish enough to believe that they enjoyed a somewhat higher order of cerebral development than is vouchsafed to the common mortal; but we fear that our exalted estimate of our glorious brethren has been placed a niche too high.—*Med. and Surg. Reporter*.

PASTEUR'S LAST REPORT OF HIS WORK.—Pasteur's last report of his work of inoculation for rabies was made to the Académie de Médecine on November 2nd. He announced that he had inoculated 2,490 persons, of which 1,750 cases were from France and Algeria. In this latter number there had been ten deaths, or one in 170. The average number of deaths from rabies in Paris annually is twelve, but in the last year only three, of which one had been inoculated, but not by the "intensive" method. Pasteur now finds it necessary, in cases in which the face has been seriously bitten, to

inoculate more rapidly and with more powerful virus. Dr. Fitsch's failures with the inoculations in Vienna was attributed to his not adopting this more intense and rapid method.—*Med. Record*.

POST PARTUM HÆMORRHAGE.

For the sake of humanity, perhaps, I will inform some of the subscribers to the *Southern Clinic* about a very good, sure, harmless, inexpensive, and prompt agent, that has never failed in my hands, and never will in theirs, if properly applied.

Among the many little things that I have disposed around me, when I assist a lady in childbed, there is an honest, inoffensive, plump and juicy lemon; that, during the labor pains, I carefully peel, leaving upon it a very thin skin to retain the acid juice. The attendants often ask me what I intend to do with it. I invariably answer, in a jocose manner, that, when everything is over, I intend to crush that fruit, and make a lemonade out of it for my own benefit; but if that dreadful, that severe accident, post-partum hemorrhage, takes place, I am quickly on hand; I lubricate my right hand, place the lemon in it, and carry it into the womb to its fundus, where I squeeze the lemon, while with the left hand, from the outside, I manipulate and tease the uterus until it contracts.

Readers, you can safely depend upon that practice, for it never fails with me; the uterus does not take long to contract, and all danger is soon over.—*Dr. De Cailhol in Southern Clinic*.

EGGS IN THE DIETARY IN BRIGHT'S DISEASE.

—In order to solve the problem of alimentation in the subjects of Bright's disease, Löwenmeyer placed a number of patients upon a regimen which was as regular as possible, and added to the diet-list from six to nine eggs a day. In four of the patients, of whom three suffered from amyloid kidney and one from nephritis consecutive to cardiac disease, the addition of eggs to the dietary was followed by no increase in the excretion of albumen in the urine. In three others there was a notable in-

crease; but the experimenter excluded two of them, one because the patient was not carefully watched, and the other because menstruation occurred right after the beginning of the experiment. In the third case, one of interstitial nephritis, the author remarks that the increase in albumen might be accounted for by the fact that the patient took the eggs raw, while the others ate them cooked. He concludes as a result of these experiments, that an alimentation even very rich in albuminoid matters causes no increase in the amount of albumen in the urine. *Lyon Medical*, No. 38, 1886.—*New York Medical Record*.

IS EPILEPSY CURABLE?

It is not many years since this question was generally if not universally answered in the negative. Now many, with great assurance, affirm that epilepsy can be cured. The latest statement of the means employed to effect a cure is well presented by Dr. C. H. Hughes, in the *Transactions of the Missouri State Medical Society*. He says that to effect a cure it is necessary to give prolonged rest to the irritable psycho-motor area and disordered vaso-motor centres. Hence, there must be an uninterrupted therapeutic control of these parts for a period varying from a year and a half to two years, or even longer in exceptional cases. He combines bromide of potassium, Co. syr. hypophosphites, and arsenic in appropriate dosage till bromism is induced and then gradually diminishes the doses. Besides this he uses a mild galvanic current, plainly perceptible, but not painful when applied to the cheeks with a wet sponge electrode. This should be passed from the forehead to the back of neck, and from the motor side areas of the head to the hands of opposite sides.

No epileptic can be cured who persists in the use of tobacco or alcohol, or other depressing narcotic or vicious habits, or who does not give up tea and coffee and learn to use milk and a minimum of animal food. He must sleep long and quietly, and avoid all passionate outbursts. The bowels must be kept regular.

The indications are to put the general and glandular system in physiological working order,

remove all sources of eccentric nerve irritation, and daily tranquillize and reconstruct the irritable cerebral centres, keeping up the treatment till all tendency to psychical or motor explosion in the cerebral centres, disappears if it takes a lifetime to do it.—*American Lancet*.

RULES FOR EXPLORATIVE INCISION OF THE ABDOMEN.

1st. Every explorative incision should be made under the strictest antiseptic precautions. As to strict cleanliness all are agreed; if antiseptics of chemical character are valueless, they at least, in all probability, do no harm; while the question as to their utility is "sub judice," give the patient "the benefit of the doubt," and employ them.

2nd. Always employ an anæsthetic, lest the complaints of the patient should frustrate the investigation, or at least render it superficial and uncertain.

3rd. Always make an incision that will admit the whole hand; one which will admit two fingers only is hardly warrantable. If possible, let but one man's hand be passed into the abdominal cavity; in a multitude of counsel there is, in these cases, danger. The brain which guides the hand should be competent for deciding the question at issue.

4th. Never hurry an explorative incision, but never prolong one unnecessarily; let discussion as to diagnosis occur after the peritoneum is closed, not while it is open; and let the fact be appreciated that the clinical lecture, which is so common at this moment, is always a source of great danger.—*Dr. Thomas, Med. News*.

AN EPIDEMIC OF PARONYCHIA.—Dr. Audry reports, in the *Lyon Medical* of October 24th, 1886, an epidemic of "runround" affecting the pupils in a school of which he was the medical inspector. The first case occurred in a girl nine and a half years of age, who had a paronaris on the tip of the middle-finger, about the nail. The trouble lasted about two months, and seemed to have affected the child's general health, as she became pale and anæmic. Following this case, twelve of the other children,

in addition to the teacher, had superficial paronychia, affecting in every instance the fingers of the right hand. The index was the finger most commonly attacked, but one child had paronaris of two fingers, and in the case of the teacher the thumb and four fingers of the right hand were affected one after the other. Examination of the purulent fluid from the runrounds showed the presence of a few staphylococci and numerous streptococci. From a study of these cases the author concludes that runround is a contagious affection, and may occur as an epidemic in cases in which large numbers of children are together in one place, as in a school. He advises that children with paronychia be forbidden to come to school while the affection lasts, or, if allowed to attend, that they be kept isolated as well as possible from their mates, the finger being covered with a light antiseptic dressing.

OIL OF TURPENTINE IN SCROFULOUS OZÆNA.—Malacrida (*Gazz. degli Ospit.*, Mar. 7, 1886; *Centrbl. f. Chir.* July 17, 1886) reports the case of a girl ten years old who had ozæna of long-standing, which had long been under treatment in vain. Taking a suggestion from the cure of old fistulous tracts with oil of turpentine, the author used this drug locally, and gave the patient a supporting diet. Cotton tampons moistened with a few drops of the oil were introduced into the nose. As they caused considerable irritation, those subsequently used were wrapped with dry cotton. A perfect cure took place in a week. Five other cases treated by the same method are mentioned, in none of which was the cure delayed longer than a month.—*N. Y. Medical Journal*.

A NEW SIGN OF DEATH.—M. Lessenue states that if a pin be thrust into the body of one supposed to be deceased, the appearance of the pin-hole left on withdrawing the pin will determine the accuracy of the supposition. If the person is dead, the hole remains open as when a pin is stuck into leather. If the person is alive, the skin contracts and the pin-hole entirely disappears.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. Adam Wright, 20 Gerrard St. East.*

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JANUARY, 1887.

THE MEDICAL SCHOOLS IN TORONTO.

On a previous occasion we alluded to the changes which must necessarily take place in our Medical Schools, when the Confederation of the Universities is completed. We then spoke of the manner in which the whole subject of medicine had been overlooked by the original Committee on Confederation. No representation from the affiliated medical schools was asked for on that Committee, nor have we since even heard, from any one in authority, of the appointment of a medical faculty in connection with the new University.

It is well known that some of the greatest Universities of Europe owe their reputation to the powerful medical faculties in connection with them.

We have often been surprised at the short-sighted policy which the authorities of the University of Toronto have shown with regard to its medical department. We hope that a change will now be made, and that instead of having two medical schools in affiliation, both of which are in more or less sympathy with rival institutions, it shall be the future policy to have one powerful medical faculty as part of the University system.

The great defect of the medical schools as they are now constituted, is their want of permanency. They are merely joint stock companies, made up of medical men for the purpose of educating students. If one half of the faculty should disagree with the other half, a collapse of the school would ensue, and in all probability the result would be the formation of another school.

Again, under the present system, we can never expect to get any legacies or bequests to form an endowment. Every one knows that the more students the greater the lecturer's pay, and unless given for a special motive, any endowment would have the effect of augmenting the salaries of the teachers, rather than of increasing the educational advantages of the college.

As a remedy for these deficiencies, our scheme would be as follows: "The formation of a joint school or college, which would be controlled by a board, made up of the following: the Trustees of the General Hospital, a certain number of representatives of the University Senate, and a certain number of representatives from the College Faculty. The governing board should make all appointments at the recommendation of the College Faculty. Professors might be paid certain stated sums as salaries, and any income over and above the running expenses might be appropriated to improving the facilities of the College, or to the formation of an endowment. The College would then be in intimate relationship with the Hospital and with the University of Toronto.

The Medical Schools of Toronto have done good work, and the increase of educational facilities has been marvellous. We are convinced, however, that the time has come for a radical change in the system, if we wish to make further progress.

We feel certain that we have the profession of the Province with us in this matter. The establishment of such a school as we propose, would mark an era in the progress of medical science in Canada. It would be a credit to the city, and we might in time expect to possess an institution which would not only educate our own young men, who wish to enter the profession, but would draw from all parts of the continent those who desire to obtain a thorough medical education."

We thus, briefly, outline a scheme which would require to be worked out in detail, so as not to interfere with the rights of those already engaged in the medical schools.

We know that this would be considered by some to be an impossible task. If, however, a

thoroughly active and enthusiastic committee were appointed who would patiently work out a scheme similar to that proposed, we are confident that neither the rights nor reasonable prejudices of those now acting as medical teachers, would necessarily be interfered with.

THE LIEUTENANT-GOVERNOR AND THE MEDICAL STUDENTS.

The Lieutenant-Governor of Ontario and Mrs. Robinson gave an "at home" to the medical students and professors of the two schools of Toronto, in the Government House, on Saturday, December 11th. Among the invited guests present were: His Worship the Mayor; Mr. John Gillespie, of the Hospital Board; Dr. O'Reilly, Superintendent of the Hospital; Rev. Dr. Potts, Drs. Burns, Powell, King, etc., Mr. Mark Irish, together with wives and daughters of the members of the medical faculties. There were about five hundred students present. A most enjoyable time was spent. The students sang several of their college songs, which were evidently appreciated. His Honor gave one of his inimitable speeches, which took the hearts of "the boys" by storm. He expressed the great pleasure he experienced at the two annual dinners of this year, and extended a most hearty and cordial welcome to those present, and at the same time wished the medical students to thoroughly understand that the Lieutenant-Governor of Ontario was one of their most ardent and steadfast friends.

Dr. Potts expressed his delight in meeting the students of both schools at this pleasant reunion; and as he, through his official position in connection with Victoria College, was working specially in the interest of federation for the purpose of affording increased facilities for higher education, so he ventured to hope that the two schools of Toronto would join hands in the near future, and form one grand, strong medical college, which would be a credit alike to Toronto and the Province of Ontario.

It is needless to state that the students were highly delighted with the kind and gracious treatment they received, and this day will long linger in their memories as one of the brightest spots in their collegiate course. The professors

of both schools, if we could judge from their smiling faces, were quite as happy and grateful as the students. This graceful and generous act on the part of the Lieutenant-Governor and Mrs. Robinson will do more to ennoble the students than policemen's batons could accomplish during a whole session.

SPECIAL MEETING OF THE COUNCIL.

The following is the petition from a large number of medical students:—

To the Medical Council of the College of Physicians and Surgeons of Ontario:

GENTLEMEN,—In view of the recent amendment to the Imperial Act, affecting students, who intend obtaining their license in Great Britain and subsequently registering with the College of Physicians and Surgeons of Ontario, and in consideration of the fact that there are over one hundred students affected by this change, we respectfully petition you to grant the following requests:

1. To accept the primary examination of the various Universities, of final students, as a substitute for the primary examination of the College of Physicians and Surgeons of Ontario, in order that they may present themselves for the final examination of the aforesaid College.
2. To accept as matriculants of the College of Physicians and Surgeons of Ontario those students who have matriculated in the Faculty of Medicine of the various Universities, thereby also opening the way for second year students to present themselves for the primary examination of the College of Physicians and Surgeons of Ontario.

December, 1886.

In consequence of a requisition signed by a large proportion of the members of the Council, and in accordance with the rules and regulations for conducting the proceedings of the Medical Council, the President has called for a special meeting to be held in the Rossin House, Toronto, at 3 p. m., on Thursday, January 6th, 1887.

We are pleased to see that the requests of the students are explicit, and at the same time

couched in respectful language, and we hope the Council will grant the petition. The amendment to the Imperial Act has so materially strengthened the Council, as to make that body all-powerful in controlling medical matters in this Province, and we feel sure that the cause of higher medical education will be much benefited thereby; but we must remember that it is contrary to the spirit of any legislation that it should become retroactive, *i.e.*, that it should seriously inconvenience any parties who have engaged in any course under laws and regulations existing at the time of their entrance upon such course.

LEUKÆMIA.

This interesting diseased condition of the blood, which may be considered due to the influence of malaria, protracted nervous exhaustion, or shock, was first noticed by Virchow and Bennett in 1845, and has been with difficulty and great uncertainty diagnosed in the early stage, until recently when Ehrlich introduced a method of staining, which, if successfully carried out, is most characteristic. If in a case of leukæmia, arterial blood be examined, three form of colorless cells are distinguishable, namely, (a) Large cells, with large and sometimes double nuclei, similar in appearance to cells found in the medullary substance of bone; (b) cells smaller than the normal corpuscles, frequently containing broken down nuclei, and (c) large colorless cells which Ehrlich has named "Eosinophil," because their protoplasm takes in the eosin colouring. These latter, Rindfleisch maintains, are cells which have not fulfilled their physiological task, and remain on the half-road to red blood corpuscles. The method of staining consists in drying a thin layer of blood on a cover-glass in a desiccator for twenty-four hours, the glass is then to be placed in a glycerine solution, containing aurantia, indulin and eosin for two days, to be then washed in water, dried again in the desiccator and mounted in Canada Balsam. The red corpuscles will be stained orange, the white corpuscles colored blue, and the cells diagnostic of the disease will be clearly brought out by the eosin coloring.

Medical Societies.

TORONTO MEDICAL SOCIETY.

THURSDAY EVENING, DEC. 9TH, 1886.

Dr. Nevitt, the Vice President, in the chair.

Dr. Grasett's paper on

PROSTATIC HYPERTROPHY

was read. The chief diagnostic symptom are:—(a) Its size, which sometimes causes it to be mistaken for cancer of the rectum. Its size, however, is no criterion of its capability of giving trouble, as it is the enlargement of the middle lobe specially which gives rise to the prominent symptoms. The symptoms begin to be apparent when the bladder becomes overfull, as after a number of hours' sleep. The incontinence which then occurs is really an indication of retention. (b) The age is usually over 50 years. (c) The character of the water. It is usually abundant, clear, pale, and of low specific gravity in the early stages, becoming cloudy and putrid in course of time.

Fever, varying from a short, mild attack, to a quickly fatal suppression of urine, may follow catheterization. The author excluded from the causation of this fever. (1) Irritation of the urethra as a direct cause; (2) septic poisoning; and (3) absorption of extravasated urine; and considered that the most probable cause is a degree of shock exerted through the nervous system, and acting upon the excretory apparatus of the kidney, producing suppression. Since healthy kidneys react more readily than unhealthy, catheterization should be commenced early in the disease before the kidneys become affected. The catheter used should be soft and flexible if possible, and that with the French condeé is the best. It is best to give a sedative before the operation, as a hypodermic of morphia, or a urethral injection of a solution of cocaine. The bladder should not be completely emptied at the first sitting, as syncope or bleeding might result, but the total quantity contained in the bladder should be decreased gradually, so that the bladder may contract to suit its varying contents. When the urine in the bladder becomes putrid that viscus should be washed out with a solution of boracic acid and glycerine

in water. Not more than one or two ounces should be injected into the bladder at one time. During the stage of fever the bowels, liver and skin of the patient should be freely acted upon, so as to perform as far as possible the work of the kidneys.

Dr. Workman referred to the frequency of constipation, due to the mechanical obstruction caused by the increased bulk of the prostate. Dr. Abundee of Naples, has collected 40 cases of enlarged prostate, occurring mostly in young parietic patients; a large proportion of these cases are under 40 years of age. The very large bedsores, from which patients with general paresis suffer, are due to the irritation caused by the constant dribbling of the urine. In drawing off the water, the doctor prefers a silver catheter with a short curve which is made to hug the pubes as it is passed in. He considers that there is a large prospect for good in the application of electrolysis in the enlargement of the prostate as advocated by Dr. Emory of Boston.

Dr. Cassidy thinks that the application of a 4 per. cent. solution of cocaine is useful in those cases in which the urethra is irritable, or the patient apprehensive. Dr. Newman of New York, has used electrolysis extensively in this disease. In some cases he cauterizes the middle lobe by a platinum wire, heated momentarily to a white heat. He has found it necessary frequently to repeat this operation.

Dr. Grasett closed the discussion by replying to some questions which were asked.

THURSDAY EVENING, Dec. 16th.

PATHOLOGICAL SPECIMENS.

Dr. Reeve showed three large naso-pharyngeal polypi, which had been removed by the mouth. They were of the mucoid variety, and had the small narrow pedicle, characteristic of such growths. In removing these polypi modified vulsellum forceps were used, the soft palate being drawn forward so that the tumor could be grasped at the part which projected backward into the pharynx. The forehead mirror and small handled mirror were used to determine the position and relation of the growths. Two of the polypi were removed from the same patient at an interval of four and a half months.

The point of attachment of the second was close to, but not identical with, that of the first, so that the second was not an example of recurrence of these tumors. The rule is, that if the polypus is entirely removed and its point of attachment cauterized, no recurrence takes place. Cauterization is thus important, and may be done by means of the galvano-cautery, chloracetic acid or other caustic. When cocaine is used in these cases as an anæsthetic, a minimum amount should be used so as to lessen the danger of syncope from its depressing effects. Dr. Reeve also showed a fibro-sarcoma which he had removed from the side of the pharynx. It was quite sessile, and about as large as a walnut. A snare of fine platinum wire was passed around the growth through the mouth. Then on passing a galvanic current over the wire and gradually tightening it, the base of the tumor was cut through. There is of course great liability of recurrence of the sarcomata.

CASES IN PRACTICE.

Dr. Cassidy related a case of atrophy of the testicle in a boy about 16. Fourteen months ago he suffered from a severe orchitis resulting from a kick. He was confined to bed ten days and afterwards wore a suspensory bandage. The testicle was not strapped. On examining the testicle a few days ago it was found to be reduced to a small tag, about the size of a marble.

Dr. Ross narrated a case of fistula in ano, in which so much tissue was included between the sinus and the rectum, that it was not thought safe to cut. A silver wire was accordingly made to include this tissue, and tightened every day until the mass was cut through. It shortly afterwards healed up perfectly. At this time there was no tubercular trouble to be detected in the lungs, but about four months later these organs were attacked, and the disease thereafter spread rapidly. The fistula in this case was probably tubercular in origin, the pulmonary manifestations being delayed.

Dr. Machell mentioned a case of pneumonia in a child aged four or five. The prominent symptoms were an almost constant cough, which persisted in spite of treatment, a very rapid pulse, a dry, brown tongue, and great constitu-

tional depression. Diuretics and diaphoretics were given, but the child still grew worse. Ammonia and turpentine were then freely administered, with very marked benefit. In twenty-four hours the patient was pronounced out of danger, and was entirely well in five days. Dr. Machell attributed the improvement in this case to the turpentine, and was strongly supported in this view by Dr. Cassidy.

Dr. Carveth related the case of a woman, aged 24, who had endeavored to procure abortion in her third month of pregnancy by taking six powdered nutmegs. Her pulse ran up to 140, and she showed symptoms of a deep intoxication, followed by stupor. Emesis was produced, and the patient recovered. The active principle of nutmegs is the essential oil which acts as an intoxicant.

Dr. Nevitt had met with a case of attempted abortion by taking oil of savin, in which the odor of the drug was distinctly perceptible in the vaginal secretions. Savin is said to be eliminated in this way.

Drs. Cassidy, Peters and Doolittle, each related cases of attempted abortion by taking oil of tansy. In one case the result was fatal from a 1-drachm dose, in another 3-drachms had been taken, and recovery ensued under active emesis and stimulation.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

The ordinary monthly meeting was held on Friday, November 5th, Dr. J. P. Rutherford, President, in the chair.

Dr. G. A. Tye read a carefully prepared paper on *The Differential Diagnosis of Hysteria from Diseases of the Brain*. He narrated a couple of cases, where after a thorough examination of two or more medical men, hysteria was diagnosed in each case; and yet within a few days, one patient died of an uncertain brain disease, and the other of tubercular meningitis. He quoted Gowers, to the effect that hysteria simulated nearly every organic brain disease. Dr. Grasset, of Montpellier University, France, in *Brain* for January, 1884, advances the theory that hysteria is a symptom of the tubercular diathesis, and that attacks of each

may alternate one with the other. The reader of the paper has noticed this in many cases since his attention was drawn to the subject in the above journal. In grave and obscure cases we are justified in diagnosing the more serious malady, or at least in giving the warning that more serious symptoms may appear in the future. Hysterical pyrosis is generally fugitive, hence a continuous fever for some days favors a lesion. The coma due to hysteria must be diagnosed by the age, sex, absence of fever, ease or difficulty in deglutition and the former and present history of the patient. Rapid, and the Cheyne-Stokes form of respiration may occur in hysteria and especially in first attacks; but are present only in the last stages of grave organic diseases. In hysterical hemiplegia, the upper extremities are most frequently affected. Where there is a contracture in hysteria, it is more marked, less resisting and more irregular than in cases of true paralysis. The skin and tendon reflexes and the electrical reactions are preserved in hysteria. In the paralysis due to hysteria, the wasting is due to disease. Hemianesthesia without loss of motion is almost always hysterical. Gowers says, "In conclusion, it must never be forgotten that many organic diseases of the brain produce hysteria. In any case apparently hysterical, the slightest symptom of organic disease is of absolute diagnostic significance, and until the absence of any symptoms of that kind, no other symptoms nor former history should be allowed to bias the observer's mind." In a large number of cases attention to this rule will dispel all difficulty.

The discussion on this paper was postponed till a future meeting.

The ordinary meeting was held on Friday, December 3rd, Dr. J. P. Rutherford, President, in the chair.

Drs. McKeough and Hall reported cases showing the necessity for, and the value of, post mortem examinations.

Dr. McKeough's case was that of a young man aged 26, who had always been healthy, till about six months before death. During the last few months of his life, he complained of malarial and vague pains through the body. Some weeks

before death he was confined to his bed with what seemed to be a mild attack of typhoid fever. While convalescing from this he got up from a lounge to do some little thing, and on returning to the couch complained of pain over his heart, turned blue, and in a few minutes was dead. The heart was examined the day before death, and no enlargement or lesion was discovered. The urine contained no albumen, but deposited copiously of urates.

On post mortem examination, the pericardium was found filled with partially clotted blood, and a rupture existed in the anterior wall of the right ventricle. The cavity of the right ventricle was normal in size, but its walls were as thin and friable as blotting paper. His death was so entirely unexpected that a post mortem was asked for.

Dr. Hall's case was that of a baker, aged 52, of temperate habits and free from any syphilitic taint. He applied to the doctor about four weeks before his death, complaining of not feeling well and of constipation and a slight cough. At this time he was dull and very slow in comprehending questions. Pulse, rapid, wiry, and irregular; temperature, 97.5° F.; pupils contracted but even and responsive to light. He grew gradually weaker, and on rising to walk, would stagger and have to steady himself before starting. Sensation was impaired and the skin and tendon reflexes lost. The grip of the hands was weak, but both were equally strong. Respirations, 10-14 per minute. The temperature rose to normal two days before death. On post mortem examination, general softening of the entire brain was found, together with an abscess cavity in the right occipital lobe of the cerebrum and an excessive quantity of ventricular fluid.

The President reported two cases of poisoning, in a man and his wife, from eating head-cheese. The symptoms set in about three hours after partaking of it and consisted of violent vomiting, followed by purging. The general opinion was that the meat had undergone some fermentative change either before or after its manufacture.

Dr. Baker read a paper on Chronic Constipation, dealing with its causes, results and treatment. All present joined in the discussion

following it, and in the main agreed that more was to be hoped for from hygiene, diet, kneading of the abdomen, enemata and regularity in going to stool, than from the continuous use of medicine.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING OCTOBER 22, 1886.

I. C. Cameron, M.D., President, in the chair.

AORTIC ANEURISM.

The President called on Dr. M. C. McGannon of Brockville, who was present, to give the history of an interesting specimen of double aneurism of the arch of the aorta shown by him to the Society.

Dr. McGannon said that the patient was well six months ago. First symptoms were those of a severe bronchitis. Resonance was complete on both sides, but absence of breathing on right side. Patient had at that time had no pain, temperature and pulse were normal, and heart-sounds slightly accentuated. Later, a pulsation could be discovered to the right of the sternum, temperature went up, and the lungs became consolidated. Patient lost appetite, cough with expectoration increased, but at no time was there any peculiarity of the voice or any signs of pressure, except on the bronchi.

In reply to Dr. Smith, Dr. McGannon stated that the patient died from exhaustion.

Dr. Ross asked if there was any tugging at the trachea perceptible. Dr. McGannon replied in the negative.

Dr. Johnston said that the specimen showed that both aneurisms were of very rapid growth, and in neither was there any sign of lamination in the clot.

PATHOLOGICAL SPECIMENS.

Dr. Gardner exhibited the following pathological specimens obtained during the previous ten days:—

1. *A submucous myoma*, removed by enucleation. The patient was the mother of several children, the last born five years ago, and had suffered from uterine hemorrhage ever since. After dilating the uterus, the capsule was slit

up, the tumor grasped with a vulsellum, separated by the finger, and dragged from its bed. The shreds of capsule were trimmed off, the cavity well douched with hot water, and Churchill's iodine freely applied. No drainage or irrigation was practised. Patient made an easy and rapid recovery.

2. *Cystic tumor of the labium.* A cyst of the left labium magus of five years growth and the size of a hen's egg. It was easily enucleated entire. This was probably a degenerated gland of Bartholini.

3. *Extirpation of a cancerous uterus.* A cancerous uterus from a patient aged 49 years. Patient had intense pelvic pain and the other usual symptoms of malignant disease of the uterus. Examination before the operation proved that neither the broad ligament nor the pelvic glands were seriously involved. The removal was performed by the vaginal method. The patient being placed in the lithotomy position, and so retained by Clover's crutch, the uterus was drawn downwards and forwards to the pubes and the vaginal mucous membrane incised all round the cervix. Then the base of each broad ligament was ligatured by transfixion with a curved needle carrying strong silk; next, the posterior cul-de-sac was opened into the Douglas pouch and the bladder separated completely. The uterus was then retroverted through the posterior cul-de-sac. After this, the broad ligaments in their upper parts were clamped on each side with Terrier's clamps for the purpose, and the amputation of the uterus completed. Some bleeding points were secured, and the operation completed by a T drainage-tube laid in the Douglas pouch. The clamp forceps were removed at the end of three days, and the drainage-tube a day later. The patient recovered without a bad symptom.

4. *Ovarian cystoma.* A multilocular ovarian cystoma removed from a lady of 68 years. In this case, 48 hours after the operation, the patient developed a pleurisy of the right side, which extended to the left two days later. The pulse reached 175 per minute, and was irregular and intermittent. This was promptly checked by 10 min. doses of tincture of digitalis every four hours. No symptoms referable to the operation appeared, the alarming chest com-

plication soon amended, and rapid and complete convalescence took place.

5. *Ovarian cystoma.* A multilocular ovarian cystoma from a young lady of 22. There were some adhesions and troublesome bleeding from a rent in the broad ligament; as oozing continued after application of a continuous suture, a drainage-tube was used for 48 hours. The second ovary was found cystic and removed. Dr. Gardner remarked that Schröder formerly saved any portion of the second ovary not seriously involved, but of late had discontinued the practice. Dr. Schröder cites a case where pregnancy took place after removal of one ovary and part of the second.

Discussion.—Dr. Trenholme, referring to Dr. Gardner's method of extirpation of the uterus, stated that his method of procedure usually consisted in retroversion of the uterus and, after ligation, removal of it piece by piece, separating the anterior wall from the bladder with the finger. As the disease returned in two cases this year in his practice after removal of the uterus, he has lost faith in the operation of extirpation of the uterus for malignant disease.

Dr. Kennedy thought that cutting through the posterior cul-de-sac shortened the operation, and that the Terrier's clamp would greatly simplify it. He asked Dr. Gardner for statistics of the operation.

Dr. Gardner, in reply, stated that the mortality after total extirpation of the uterus was not more than 10 to 12 per cent. on the continent, but it was to be remembered that, in France especially, the uterus was frequently removed for other causes, *e.g.*, incurable prolapsus, etc.

MARK TWAIN once stopped at the house of a friend who had seven children, one of whom, a boy, was at the time suffering from a scurf on his head. The boy's mother was telling Twain about it, and asking him what she had better do. Twain inquired very carefully about when the scurf first appeared, what the symptoms were, and what remedies had been employed. Then, after thinking a moment, he ran his fingers through his hair, and said: "Try sand-paper."—*Med. Age.*

Correspondence.

To the Editor of the CANADIAN PRACTITIONER.

VIENNA CORRESPONDENCE.

DEAR SIR.—I had the pleasure some few days ago of seeing Professor Billroth perform the radical operation for hernia on a young man whose rupture was right, oblique, entero-eploic, and irreducible. The operation being in itself not difficult, no special description need be given, suffice it to say that the omentum contained in the sac, as had been previously diagnosed, was found to be adherent to its posterior wall. This was dissected clear, the matted mass clamped, ligated in three divisions, separated by thermocautery, and all remaining hernial protrusion returned to the abdominal cavity. The sac was carefully dissected out, and removed in the same way as the omentum, two drainage tubes were now inserted, one from the ring downwards, the other from the scrotum upwards, the wound closed with silk ligatures, and dressed antiseptically. Previous to the operation the professor made in substance the following statements: I confine the radical operation to four classes of cases.

(1) Young children, in whom the operation frequently proves successful.

(2) Cases in which the hernia is so large and uncontrollable, that the patient is incapacitated for his ordinary duties by it.

(3) Irreducible hernia.

(4) Of course, strangulated hernia.

In other cases he considers it an inadvisable operation. The reason given is a simple one, namely, that with certain exceptions and under certain limitations to be mentioned, it is always a failure. The conditions of failure and success are as follows:

(1) If the wound heal by first intention, so little resisting cicatrix is produced, that the hernia always returns in a few weeks, or at most in two or three months.

(2) If the wound heal by granulation, without any important peritoneal complication, a considerable amount of cicatricial tissue will be formed during the weeks of enforced rest necessary to healing under such circumstances. In such a case it will ordinarily require one to

two years to stretch this cicatrix, and bring the hernia back to its original condition.

(3) If extensive peritonitis takes place in connection with the above-mentioned suppuration and granulation, so that adhesions result between the internal viscera and the cicatrised opening, a permanent cure is generally produced.

It is scarcely necessary to say, that the risks attending such a cure as that just mentioned are too great to admit of its general adoption.

These conclusions would drive us back to the most unsatisfactory reign of trusses for all cases. In connection with the above, it may be interesting to mention a few of the more striking cases of hernia, and operations for the same, which have come under my notice in the Vienna kliniks and post-mortem rooms.

The following cases will illustrate in part:—

(1) How we may operate with good prospect of success.

(2) When we should operate.

(3) When we must operate even with failure staring us in the face.

(4) When we should not operate.

The first was a child of five or six years of age, operated upon by Dr. Salzer, assistant to Professor Billroth. After dissecting out the normal sac and closing the internal ring, he brought a thin layer of fascia over the cord, and united it by sutures, so as to obtain complete covering for that structure through healing by first intention. The rest of the wound was left open and dressed with iodoform gauze to allow healing by granulation, and the consequent production of strong cicatricial support.

The second, a strongly built woman, with splendid general health, was sent to Professor Albert's klinik, by a private practitioner. Patient had been suffering from steadily increasing symptoms of strangulation of left femoral hernia during four days. Patience as treatment had failed, and the patient was in a collapsed condition. The operation, performed without an anæsthetic, revealed a gangrenous knuckle of bowel. The stricture was relieved, the bowel drawn down, and an artificial anus formed. The operation was, however, too late. The patient lived only six or seven hours after its completion.

The third case was brought to the klinik at the same time as the last mentioned. An old man seventy-six years of age. He had for many years suffered from a very large right, oblique, inguinal hernia; this had always been reducible till within a few days, when it suddenly became fixed in the hernial sac. Some vomiting occurred a few days after the incarceration and one day before his coming to the klinik. This, however, was slight. An attempt was made to reduce by taxis in a warm bath, but without success. Symptoms not being urgent, he was sent to bed till the following day. The operation was then performed without difficulty. The bowel showed no special evidences of strangulation. The sac was smooth and healthy, the ring large, three fingers passing through it without difficulty. It was, however, firm and unyielding. The hernia consisted of nearly the whole of the small intestines, part of the omentum, and a large part of the greatly elongated mesentery matted together by old inflammatory adhesions. In spite of this, however, the functions of the bowels had never been noticeably interfered with till incarceration took place. No peritonitis or other surgical complication appeared to take place, but the patient sank in a few days. The post-mortem revealed chronic cystitis, chronic suppurative pyelitis, and extensive parenchymatous, degeneration of the kidneys. Here operation could scarcely be successful, yet could it be refused?

The last case is one of peculiar interest from the stand-point of diagnosis, and not the less so because it is a rare, if not a unique case.

The patient, a woman, large and strongly built, of middle age, and generally good health, was brought to a surgical klinik several days before I saw the post-mortem. She complained of intense pain in the left femoral and inguinal regions. She was constipated and vomited very freely. This was said to be of faecal character. A small oval tumor was found in the left femoral region, which appeared like a small hernia. A young surgeon employed taxis, and the tumor was felt to escape into the abdominal cavity. After this the patient seemed easier, though this may have been due to the anodyne, which had been administered. The vomiting

ceased, and a few hours after the patient had an operation of the bowels. Matters went on with little change for nearly four days, when the patient suddenly and most unexpectedly died.

At the autopsy the bowels were found to be perfectly healthy. No opening could be found at or near the femoral or inguinal rings through which a hernia could have passed. Professor Kunrat's acuteness was, however, equal to this puzzling occasion. An examination of the right lung showed a large embolus in one of the main branches of the right pulmonary artery. The professor at once returned to the femoral region, and on dissecting out the veins, found the great saphenous blocked with a broken thrombus, which had evidently extended into the greatly dilated femoral vein. This thrombus seems to have been by operation at the wrong time forced into the large veins of the abdomen, where it had broken up and produced the then naturally fatal results.

J. H. DUNCAN.

Vienna, Nov. 20th, 1886.

Book Notices.

The Heart of the Fish Compared with that of Meno-branchus, with special reference to reflex inhibition, and independent cardiac rhythm. Reprinted from the *Journal of Physiology*, Vol. VII., No. 2.

The Rythm Innervation of the heart of the sea-turtle. Reprinted from the *Journal of Anatomy and Physiology*, Vol. 31.

The Action of Certain Drugs and Poisons on the Heart of the Fish. Reprinted from the *Canada Medical and Surgical Journal*.

The above three papers are written by one of our own countrymen, who is fast becoming highly distinguished in this department,—T. Wesley Mills, M.A., M.D., L.R.C.P., Eng., Lecturer on Physiology, McGill University, Montreal.

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Laryngology and its Cognate Branches in America. Read in the section of Laryngology in the eighth International Congress, at Copenhagen, Denmark, Aug., 1884.

Recent Additions to Canadian Filicineæ.—From Trans. Royal Society, Canada; by T. J. W. BURGESS, M.B., London, Ont.

Method in Medical Study. By CHAS. H. MAY, M.D., instructor in ophthalmology, New York Polyclinic, etc. Reprinted from *New York Surgical Journal*.

Urticaria Pigmentosa, or Xanthelasmaïdeæ. By THOMAS COLCOTT FOX, M.B., Physician for Diseases of the Skin to the Westminster Hospital, and Assistant Physician to the Victoria Hospital for Children.

The Simplest and most Efficient Treatment of Diphtheria. Read before the American Laryngological Association, at its eighth Annual Congress, 1886. By W. H. DALY, M.D., Pittsburgh, Pa., Senior Physician to the Western Pennsylvania Hospital; Senior Physician for diseases of the Nose, Throat and Chest to the Pittsburg Free Dispensary, etc.

Obituary:

We notice with regret the death of John T. Gray, M.D., LL.D., Superintendent of the New York State Insane Asylum. Physicians in this city will remember Dr. Gray as one of the most active members of the Association of Asylum Superintendents which met here some years ago.

Personal.

Dr. C. J. C. O. Hastings has returned from a few months' visit to the hospitals of England and Scotland.

Dr. J. M. McCallum arrived last week from London, England, where he has spent six months in visiting the hospitals, and attending the various clinics given there. He will practice with Dr. U. Ogden on Carlton Street, Toronto.

Dr. W. H. B. Aikins has returned and resumed practice at 68 Gerrard Street East. During his six months absence the doctor visited the Hospitals of Vienna, and devoted consider-

able attention to the study of pathology and bacteriology in that city. He speaks very highly of the facilities for study, and of the teaching done in that great medical centre.

Miscellaneous.

A NOVEL METHOD OF MAKING GOOD HOUSE-SERVANTS.—In a discussion on laparotomy, at the meeting of the American Medical Association, it was stated that in Central Asia little girls were castrated just before menstruation, and in this condition they made very useful house-servants.

An Irishman was being sued for non-payment of his doctor's bill. In answer to the judge's inquiry why he refused to pay, he said: "What for should I pay? Shure he didn't give me anything but some emetics, and divil a wan of thim could I kape on my stomach.at all, at all."

Sir Andrew Clarke declares that one-half of the population of London is permanently ill. His definition of health is: That state in which the body is not consciously present to us; that state in which work is easy and duty not over a great trial; the state in which it is a joy to see, to think, to feel, and to be.

Drumine, a new Australian local anæsthetic, has been discovered and described by Dr. John Reid (*Australian Medical Gazette*, October 1886). Drumine is the alkaloid from *Euphorbia Drummondii*, and is an almost tasteless substance, soluble in chloroform and water, and producing local anæsthesia of mucous membranes in a way similar to cocaine.—*N. Y. Med. Record*.

Mr. Jonathan Hutchinson is thus described by a correspondent of the *North Carolina Medical Journal*: "He seems scarcely more than fifty years old, is tall, rather thin and round-shouldered, has dark hair and dark complexion, an intelligent but homely face, and might pass himself off at the State Fair or anywhere else as a North Carolina farmer, without the slightest fear of suspicion."

A SOURCE OF INCOME.—Among the many curious customs which prevail in Vienna, is one which has a direct bearing on the income to the general hospital, and through which a large sum is annually collected. Each householder who can afford the expense of a servant is bound by a contract to see to the health of his employee, and in case of sickness is responsible for the bill for medical attendance; if, however, he pays to the treasury of the hospital twelve florins a year for each servant, he is entitled in case of illness to send the patient to the hospital for treatment without further expense. But if he has not subscribed, and one of his servants enters the hospital, the authorities will collect from him the full amount of the fee.

Miss Kate Field tells the following, illustrative of one of the benefits of cremation. A lady, visiting some friends, neglected to bring her tooth powder. Looking about her bed-chamber she noticed an elegant vase. On removing the cover, she found a grayish, calcareous powder. This she regarded as a dentifrice, and proceeded to avail herself of the discovery, finding it very satisfactory. The next day she mentioned the fact to her hostess, apologizing for making free with her tooth powder. The countenances of the family expressed various emotions, which at last found vent in the gasp of one of the daughters: "Why, that's aunty." Thus, as a tooth powder, the ashes of the cremated are a success.—*American Lancet*.

More editorial amenities: The *Weekly Medical Review* says that "the able, gentlemanly senior editor of the *Kansas City Medical Index* allows his cub too much license." In commenting on the *Texas Courier Record's* statement that Lawson Tait operates in his own hospital, keeps his patients under his own hands, watching them with much care, and exercising the greatest cleanliness, our St. Louis contemporary says: "Yes, and even though he does all this, we would as soon believe that he could turn water into wine, raise the dead Lazarus, feed five thousand hungry travellers with five loaves and seven fishes, or perform any other miracle,

as to swallow his statement that he had operated 138 consecutive times on as many unselected cases of ovarian tumor without a single death," which remark excites a sort of suspicion that Kansas City does not have a monopoly of the cubs.

A story is told by a French paper of Baron von Humboldt, who, during one of his visits to Paris, expressed to his friend, Dr. Blanche, the distinguished authority on matters concerning insanity, a desire to meet one of his patients.

"Nothing easier" said Dr. Blanche. "Come and take dinner with me to-morrow."

Next day Humboldt found himself seated at the dinner-table of the famous alienist, in company with two unknown guests. One of them, who dressed in black, with white cravat, gold-bowed spectacles, and who had a smooth face and very bald head, sat with great gravity through the entire dinner. He was evidently a gentleman of undoubted manners but very taciturn. He bowed, ate, and said not a word.

The other guest, on the contrary, wore a great shock of hair brushed wildly into air; his shabby blue coat was buttoned askew, his collar was rumpled, and the ends of his crazy necktie floated over his shoulders. He helped himself, ate and chatted at the same time.

Story upon story did this incoherent person pile up. He mixed the past with the present, flew from Swedenborg to Fourier, from Cleopatra to Jenny Lind, from Archimedes to Lamartine, and talked politics and literature in the same breath.

At the dessert Humboldt leaned over and whispered in his host's ear, glancing at the same time at the fantastic personage, whose discourse was still running on.

"I am very much obliged to you. Your maniac has greatly amused me."

"My maniac!" said the doctor, starting back. "Why, that isn't the lunatic! It's the other one."

"What! The one who hasn't said a word?"

"Certainly."

"But who in the world can the man be who has talked in this fashion all the while?"

"That is Balzac, the famous novelist."—*Boston Med. and Surg. Jour.*

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TORONTO, FEBRUARY, 1887.

Original Communications.

GASTROSTOMY FOR MALIGNANT STRICTURE OF THE ŒSOPHAGUS: A CASE.

BY A. M'PHEDRAN, M.B.,

Lecturer on Medicine, Woman's Medical College, Toronto.

Eliza S., aged 41, first consulted me in April, 1886. Her family history was good. She had always been healthy, though not very strong; her digestion was always weak. About Christmas, 1885, she began to complain of pain in the chest, behind lower part of sternum and in the mid-dorsal region; it was almost constant, and not increased by food. During March and April she was unable to take solid food, and fluids were swallowed with increasing difficulty, part of them being often rejected, without nausea, as soon as swallowed. Large mouthfuls of clear mucus were thrown up at short intervals. On exploring the œsophagus early in May, the sound was arrested at 11 inches from the upper dental arch, showing stricture just below the level of the left bronchus. A No. 10 catheter passed fairly easily, causing some pain, and afterwards a No. 12. By the middle of May she was wholly unable to swallow anything, even a teaspoonful of water returning almost immediately, and the amount of mucus thrown off increased; it was often tinged with blood; both evidently came from the œsophagus. A catheter was introduced into the stomach three or four times daily for

the purpose of giving nourishment, a funnel into which the food was poured being attached to the catheter. The introduction of the catheter always caused pain, but she was fairly well nourished and gained somewhat in flesh and strength. The stricture rapidly contracted, so that by June 1st only a No. 8 catheter could be used, and the pain from the introduction so greatly increased that it was evident she could not continue to take nourishment much longer by this method. Rectal alimentation could not be continued for more than a few days, on account of the severe colicky pain induced. As she suffered from hunger and thirst, especially the latter, gastrostomy was proposed, the risks and disadvantages being fully explained to her. After some hesitation she decided to have it performed, and the first stage of the operation was done on June 11th. There were present and assisting Drs. Machell, Carveth, Cameron, Nevitt, Duncan, Foster and J. Caven. An incision, three inches long, was made three-quarters of an inch below, and parallel to, the costal cartilages of the 8th and 9th ribs, beginning nearly an inch to the left of median line. On opening the sheath of the rectus the direction of the incision was changed to that of the fibres of that muscle, so as to secure the benefit of any sphincter action that the rectus might subsequently exercise. On opening the peritoneum the liver and stomach came into view, the latter much contracted and overlapped by a fold of the lesser or gastro-hepatic omentum. The stomach walls were thick and of the usual pinky red color, but to make certain that it was

not the transverse colon we had exposed, the lesser omentum was traced upwards to its attachment to the liver, and the stomach itself traced nearly as far as the attachment of the œsophagus. The stomach being then brought downwards, and to the right as far as possible, a fold of it was drawn through the opening and transfixed at right angles to the skin incision by two harelip pins, the serous and muscular coats only being pierced, allowing the mucous coat to recede. Silk sutures were then introduced so as to bring together the peritoneal as well as the superficial parts of the wound closely around the protruding portion of the stomach, but no sutures were introduced into the stomach, which was held firmly in place by the pins. The wound was then freely dusted with iodoform, over which dry gauze and salicylated wool were placed and secured by a broad flannel bandage. She recovered from the effects of the ether without any disturbance. The temperature and pulse remained normal throughout the subsequent history; a little soreness at seat of operation, for a few days, was all that was complained of. For three days she was given food by the bowel; after that, owing to colic, nourishment was again given through the œsophageal tube, which was introduced with ease for a few days. The first dressing was not changed till the fifth day, when union was found to have taken place by first intention. The gauze covering the protruding portion of stomach was so intimately adherent by plastic effusion that it was separated with some difficulty, and caused some breaking down of the union between the stomach and the superficial parts of the wound, which took some days to unite. The stomach was opened on the 21st June by passing a narrow tenotomy blade down between the pins nearly an inch without apparently entering the stomach. Before withdrawing it two probes, bent at right angles, were passed down one on each side of the knife, with which to dilate the fistula for the introduction of a small tube or catheter, as advised by Fagan of Belfast.* The tube not entering the stomach, a little milk was introduced into the stomach by way of the œsophagus, that its presence might indicate when

the stomach was opened, and thus prevent injury to structures behind the stomach. The knife was again passed down between the probes and forced gently onwards when it soon entered the stomach, and some of the milk mixed with gastric juice was easily withdrawn. A No. 6 catheter was then passed through fistula, and through it 3 oz. of milk were injected; the catheter was left in the fistula, a compress being placed around it. Food was to be given every three or four hours through the catheter. The opening of the stomach gave no pain, and was made without any anæsthetic being given. A little nausea was experienced, but no other inconvenience. The size of the catheter was gradually increased until a soft rubber tube, equal to No. 18 English scale, could be introduced, and this was retained, being corked to retain contents of stomach. From the first there was some trouble from oozing around the tube, which caused more or less excoriation. With this exception everything was satisfactory; hunger and thirst being completely relieved. She was able to be out driving early in July. The pain in the chest was much less troublesome, being at times absent for days. She continued to regurgitate the clear mucus from the œsophagus, sometimes with a little blood; occasionally the bleeding was profuse, on one or two occasions continuing for a whole day, after which she would be considerably prostrated. Her condition was satisfactory during the months of July to October, during which her strength and flesh had considerably increased. She began to fail perceptibly early in November, though still taking food freely; with the failure the oozing increased. Early in December she was confined to bed—cough developed and increased with dyspnoea and frequent free hemorrhages. The oozing became so free that she could take but little nourishment, and death took place on Dec. 28th—six months and 18 days after the operation.

Post mortem examination. — Emaciation marked, but not as extreme as usually obtains in cases of death from cancer. The union at the fistulous opening was firm, the margin of the liver being also adherent. No adhesions beyond the immediate circumference of the

* *Brit. Med. Journal*, Oct. 4th, 1884.

opening, which was one inch from the pylorus. The stomach was considerably dilated, extending two inches below the fistula—the walls were thin. The upper part of the œsophagus was dilated; the lower five inches converted into a sloughy cavity filled with foul grumous material. The disease implicated the aorta, bronchus and spine. The back of both lungs were in a state of advanced hypostatic pneumonia; they contained no secondary cancerous deposits. The pneumonia was doubtless the immediate cause of death.

Remarks.—The objects aimed at by this operation were—primarily and chiefly, the relief of suffering from hunger and thirst, and secondarily, the prolonging of life. The operation at best is only a palliative one unfortunately, at least in all cases of malignant stenosis. Nevertheless, as the dangers arising from gastrostomy, as from all other abdominal sections, are now comparatively slight, if the patient be not too prostrated, the operation is one at least worthy of consideration in all cases of œsophageal stricture. Since the division of the operation into two stages, all the deaths occurring from it of which I have seen any record, have been due to prostration, the operation having been too long postponed. Of 13 cases operated on by Dr. Knee, of Moscow, 10 recovered, six of them living from five to nine months; four were lost sight of a few months after the operation, and three died—one on the second day from perforation of left bronchus, one on eighth day from bleeding, and the third on twelfth day from prostration.* If resorted to at an early stage of the disease, there should be few if any deaths from the operation. In a few cases the colon has been secured instead of the stomach, and death has resulted; such an accident has occurred to one of the most prominent British surgeons, and is one to which all are liable.

The method of securing the stomach resorted to in this case was that recommended and practised by Boyce Barrow, of the West London Hospital,† as being more expeditious than, and quite as efficient as, the method of a double circle of sutures, recommended by Howse, to

whom is due the credit of rendering this operation safe by its division into two stages. Barrow's directions were departed from, in that only the serous and muscular coats were transfixed by the pins; by transfixing the mucous coat also, as he directs, the stomach would be more easily opened, as the mucous membrane would not recede from the surface, as it did in this case, necessitating the passing the knife so deeply before reaching the cavity of the stomach. But it is possible that the wound may be more easily and certainly rendered aseptic by transfixing only the serous and muscular coats, as septic matter might find its way along the pins, if the mucous coat is transfixed.

The sutures for closing the wound might with advantage, I think, be passed before securing the stomach, as the protruding portion of stomach is in the way of their being easily passed afterwards. Those sutures that could not be tied on account of the protruding stomach, should be used to suture the peritoneum to the skin on each side, thus presenting a broader peritoneal surface for union with the stomach, and securing more rapid union. This union takes place very rapidly; it has been found firm in one case in 19 hours, and another in 24 hours, and in a third in 30 hours.* This indicates that in urgent cases rectal alimentation can with safety be supplemented by food by the mouth after 24 hours, or in case of necessity, that the stomach might be opened with fair safety—the risk of opening would be much less than that of delay in administering nourishment. It would seldom be advisable to operate in cases requiring such urgency; surgical interference has been too long postponed. Nevertheless, in some cases the stomach should be opened immediately after the preliminary operation is done; but such a course is rarely advisable.

As it is desirable to have the opening in the stomach as far as possible to the splenic end, in order that food may enter more easily, and that oozing from the fistula may be less liable to occur, the stomach should be drawn well to the right before being secured. The constant retention of a tube in the fistula probably tends to increase the leakage; it would in that case

* *Annals of Surgery*, Sept., 1886.

† *British Medical Journal*, Dec. 6th, 1884.

* *Philadelphia Medical News*, 1st Dec., 1883.—Gross.

be better to use only a small tube, and introduce it when nourishment is to be given; any oozing occurring as the tube is withdrawn, to be removed with absorbent cotton, and a suitable compress placed over the opening. Bryant, in his work on surgery, recommends an ordinary enema syringe with a funnel at one end and a small tube at the other for giving food. With such an appliance, finely minced solids mixed with liquids could be easily introduced into the stomach—the patient might even enjoy the pleasure of masticating his food, and then putting it into the funnel partly filled with liquid, after which all could be forced into the stomach.

CERVICAL CELLULITIS AND ABSCESS.

BY R. B. NEVITT, M.D.

(Read before the Toronto Medical Society,
Oct. 25th, 1886.)

The subject which I have chosen to take up to-night is one which, when presented to us in practice, claims our most earnest and anxious attention, and my sufficient apology for undertaking to bring so simple a matter before you is the very slight amount of information to be obtained concerning it from the usual text books of surgery, and the anxious moments I have spent in contemplating one or two cases which it has been my fortune to meet.

Ashhurst and Bryant do not mention it specifically. Erichsen gives a short account of a phlegmonous erysipelas of the neck of a rapidly fatal character. Holmes Coote, in Holmes System, gives a more detailed description of cervical abscesses, mentioning the dangers incident to these, and advises puncture *as soon as* fluctuation is detected. (Holmes System, vol. 1, p. 338). In the International Encyclopædia is a more extended notice of cervical abscess and of the anatomy of the neck. (International Encyclopædia, vol. v., p. 573). Retro-pharyngeal abscesses, as possibly finding their way into the tissues of the neck, will be noticed, though I do not purpose going into a detailed account of them. When pus has formed in the neck its behavior depends greatly upon its position with regard to the cervical fascia. The position

of the fascial planes can be better understood by reference to the accompanying diagram:—

Starting from the ligamentum nuchæ, it surrounds the various post-vertebral muscles as far forward as the posterior border of the sterno-mastoid. Here it splits into three divisions, the first coming forward in front of the sterno-mastoid and depressors of the hyoid bone to the front of the neck, the platysma being exterior to it; the second division passes posteriorly to the sterno-mastoid, but anteriorly to the carotid vessels and the trachea, coalescing with the first division in the middle line of the neck; the third division passes behind the carotid vessels and the œsophagus, joining its fellow of the opposite side. The first division is attached superiorly to the edge of the lower jaw and mastoid process and occipital bone, superficial to the parotid gland and to the lower edge of the zygoma. It is attached inferiorly to the anterior surface of the manubrium sterni and the clavicle. The second portion is attached superiorly to the hyoid bone, the styloid process of temporal and internal aspect of the angle of the lower jaw. Inferiorly it is attached to the *posterior* surface of the manubrium sterni and clavicle, and passes into the thorax along with the parotid vessels. The third division is attached to the base of the skull and, below, splits into two layers, one of which passes downwards to be attached to the anterior edge of the first rib, and a posterior passes into the thorax behind the œsophagus and in front of the pre-vertebral muscles. This fascia is dense and firm, and renders it difficult to certainly detect fluid formed beneath it, and also serves to guide it into the thorax or towards the tubes leading into the thorax.

Abscesses may arise in the neck from all the varied causes which tend to produce abscesses in other parts of the body: From exposure to cold, from adenitis, from inflammation of the connective tissue, after depressing fevers, from the eruptive fevers, dentition, pyæmia, etc.; and in addition to the exposed position of the neck, there is abundance of glandular and connective tissues present and an active and fine circulation of blood.

Acute abscesses forming here have an inherent tendency to go bad. If let alone, or

treated expectantly or inadequately, they act destructively by burrowing and spreading in and about the muscles, vessels, and nerves of the neck, implicating important structures and threatening to destroy life at every turn.

My attention was strongly directed to these cases early in my practice in this city by the occurrence of two cases within a short period of time, and which I will shortly relate.

The first was that of a female infant twelve or fourteen months of age. A week or ten days previously I had ceased attendance on it for a severe attack of measles, with rather prominent throat symptoms. Happening to call one morning I found the mother holding the child in her arms, and shouting that it was dying. The child was cyanosed, had ceased to struggle, and had two prominent soft swellings under the angle of each jaw; pus was flowing in a sluggish stream from the mouth and nostrils. I hastily made the mother invert the child and, not having with me any description of surgical instrument, used my pocket knife, and rapidly and freely opened each tumor. Pus flowed from each. I then proceeded to cleanse the mouth and pharynx as well as I could, and instituted artificial respiration. I continued my efforts for more than an hour, and managed to get one gasp, but no other sign of vitality. The lungs and trachea were apparently filled with pus. The mother told me the child for the past three days had been unusually cross and fretful. The lumps had appeared in the neck the day before. Dysphagia and dyspnoea had rapidly increased, and only a moment or two before I came in the child had been crying, and had suddenly choked.

The second case I was sent for, in a day or two after the death of this infant, was that of a healthy, vigorous boy of ten years of age, who had the day before—after overheating and sudden cooling—complained of rigors, fever, stiff neck, dysphagia, and great anxiety. The pain was chiefly upon the right side of the neck. The skin in front of the sterno-mastoid, and as far forward as the symphysis-menti, was brawny and hot, and slightly discolored—a dark, venous red. The boy's distress was pitiable. Emollient cataplasms and frictions with warm camphorated oil and belladonna liniment

appeared to exercise no beneficial influence. A good-sized blister was then placed over the front of the neck, under the chin. In twelve hours matter formed under the blister, and was evacuated through an incision in the middle line of the neck—with great relief to all the symptoms. After discharging for a week or ten days the wound healed, and the boy returned to health, with a slight scar, almost unnoticed. Iron and quinine were administered freely during the progress of the case.

Another case which also eventuated favorably, and which I am not prepared to say certainly was an abscess, yet presented many of the symptoms of a phlegmonous inflammation of the cervical connective tissue, I will here relate:

R., aged thirty-five, of good health and sound constitution, sober—a boiler maker—was working in the interior of a heated boiler. He was working unusually hard, and was drenched with perspiration when he came out and stood for awhile in the roomy and breezy work-shop. He had a severe chill, and that evening felt pain in the anterior region of the throat, on the left side, and rather low down. The temperature was 103°; pulse quick and hard. Dysphagia present, countenance dusky, with a peculiar, distressed appearance. On palpation, a limited induration could be felt under the sterno-mastoid, intensely painful on pressure—which also caused involuntary attempts at swallowing; the lump increased slowly in size, and extended more deeply in the neck. It appeared to be pushing its way backward towards the spine. The breathing became embarrassed, spasms would come on during which the patient would feel as if about to smother, and would have to rise up. The neck was stiff, and the head turned slightly to the right side, and bent forward. I was sent for hurriedly one night, with the report that he was choking. Dr. Cameron kindly came with me, and gave me the benefit of his advice. We were prepared to do either a tracheotomy, or to freely incise the swelling; but found that the spasms had passed, and though there was yet considerable distress, he appeared to be mending, and by the eighth day after this the symptoms had subsided under large doses of

iron and quinine, and morphia internally, and oleate of mercury and cataplasms externally.

M., an infant six months of age, after a period of great distress, fretfulness and high fever (it was teething), developed a considerable brawny swelling under the ramus of the jaw of the left side. There was great stiffness—the head bent towards the right, the face slightly turned to the left. Before fluctuation was positively made out, I freely incised the swelling under the angle of the jaw; some pus was discharged. Warm cataplasms were applied, and arsenic and iodide of iron administered internally. After discharging freely for two or three weeks recovery ensued.

In the first case the abscess, I believe, partook of the nature of a retro-pharyngeal abscess, coming on in a child debilitated by a severe attack of measles, and with the glandular tissues scarcely recovered from a severe adenitis; and I feel firmly persuaded that had I been sent for a day or two before I might have saved the child's life. The manner of his death illustrates one of the great dangers—the bursting of the abscess and the discharge of the pus into the trachea.

The second case might be put down as a phlegmonous cellulitis, the effect of a sudden cooling in a boy overheated from over-exertion. If I had him to treat now, I think I would make the incision without running the risk of waiting for the action of the blister, though this had a remarkable effect in expediting the formation of pus and of apparently inducing it to appear closer to the surface than the previous course of the case led me to expect.

The third case I am doubtful of. I had an opportunity of examining his throat recently. He has had no return of any of the symptoms, and there is no trace of tumor or induration to show for the amount of anxiety and alarm his condition occasioned me. I believe that he was in imminent danger of death from spasm of the glottis, as in a case recorded by Lidell in the *Am. Jour. of the Med. Sc.* In this a young man had a sore throat with dysphagia and dyspnoea, and who was apparently improving, though an abscess had been discovered under the left sterno-mastoid. Opening of this was postponed for a few hours, but

sudden death from asphyxia from spasm of the glottis put an end to the case. The spasm was supposed to be due to irritation of the motor nerves of the laryngeal muscles, and he remarks that he might have hastened this fatal termination by the moderate degree of pressure used in determining the nature of the swelling.

Lidell mentions another case in which the acute abscess formed consecutive to a quinsy. There were the well-marked symptoms of brawny skin, stiff neck, inability to open the mouth, dysphagia, dyspnoea. After deep-seated fluctuation was observed, the abscess was opened along the inner border of the sterno-mastoid; the skin and platysma were first incised, and the layers of fascia were raised and divided on a director; the director and the fingers finished the dissection and the matter flowed easily, to the great relief of the patient.

While I perfectly agree with the writer in his determination to open the abscess early, I would not have chosen the same place for cutting down upon it. I should fear that my lack of skill, or some untoward movement of the patient might have resulted in a wound or laceration of some of the very important structures situated in that part of the neck. In his case, too, he waited until fluctuation was manifest. I would prefer to follow the advice of Nicaise, who says: "There are certain regions where incisions should be made before fluctuation can be readily made out, after the central softening is detected—such as the perinaeum, axilla, neck, etc. However, I do not, or have not always acted up to my convictions, as in the case of Miss H., aged 23, delicate—after a chill followed by fever, headache, and soreness of the throat, with great dysphagia, and stiff neck, preventing her opening her mouth widely. Had great tenderness behind the ear and along the posterior edge of the sterno-mastoid, and radiating stabbing pains along the course of the temporal, facial, and occipital nerves. A circumscribed induration could be made out deep under the sterno-mastoid, bulging slightly towards its posterior border. The swelling was tender on pressure, digital examination being excessively painful. I could not discover either fluctuation or the central softening. I temporized with hot poultices,

and in a day or two the induration began to disappear, and the distressing symptoms passed away.

This case turned out fortunately, yet I am now of the opinion that I acted timorously. I think an incision down to the swelling would have been better surgery, especially as there were no important structures in the way except the external jugular vein.

Dr. Esteves mentions two cases of pharyngeal phlegmon occurring in infants, which he attributes to irritation of the lymphatic glands, described by Gillette as situated at the junction of the posterior with the lateral wall of the pharynx, and as being specially prominent in infants. In his case no other cause could be detected for their irritation save teething. In both cases the swelling which had presented externally was opened at the angle of the jaw, and stinking pus in large quantities discharged to the immediate relief of the little sufferers.

To show more clearly the lethal tendency of these cases when left to nature, Lidell narrates two cases in which death took place from œdema glottidis from pressure of large abscesses in the neck: One under the sterno-thyroid and thyro-hyoid muscles, with a large accumulation of pus in the parotid; and in the second case with a large abscess, almost completely disorganizing the connective tissues of the anterior half of the neck, and he observes in these destructive inflammations of the cervical connective tissue, besides a stimulant and supportive treatment, "deep incisions, made as freely and as early as possible," are required to give any hope of success.

In St. Bartholomew's Hospital Reports, a case of death is recorded in a man from the bursting of a large cervical abscess, the pus making its way into the upper part of the œsophagus on one side and into the pleural cavity on the other. Two other cases were examined by Mr. Callender, in one of which the pus made its way into the anterior mediastinum, and in the other it surrounded the trachea and extended downward to the root of the lungs.

Amongst other dangers to which these abscesses expose a patient is erosion of the large arteries and fatal hemorrhage. A number of

cases have been recorded both in ancient and modern times. In fact, the abscesses in the cervical region appear to have been more frequently attended with dangerous hemorrhage than abscesses in other surgical regions. This liability is attributed to the greater number and importance of the blood-vessels; to the depressed condition of the vital powers; to the slight reparative action consequent upon the inanition and impossibility to take sufficient food; the powerlessness to get refreshing sleep or even repose; and the fœtid and toxic secretions which, accumulated in the oral and faucial cavities, further tend to depress and weaken the vital powers of the patient.

In another case, which terminated fatally, I opened a swelling in the anterior median line of the neck, giving vent to some pus. This case was that of a man thirty-three years of age, of rather delicate constitution. He had a carbuncular inflammation at the right angle of the lower lip, which he attributed to a small punctured wound made by a tack taken from an old carpet, which he was putting down. The lower lip was dark and brawny, and projected outwards from the face to a considerable distance; the inflammation, hard and brawny, extended downwards under the chin to the right side. There were numerous pepper-pot openings discharging a little pus, and filled up with grayish sloughs. I made a free opening through the tissue, extending through the vermilion border of the lip. Little or no pus came out, but the tissue was traversed by bands of sloughing connective tissue. The constitutional disturbance was profound—temperature 103° to 105°; pulse quick and hard; delirium, and loss of sleep; inability to open the mouth; dysphagia and dyspnoea. The swelling extended down the neck along the anterior border of the sternomastoid; the skin was darkly discolored, and hard and brawny; the larynx and trachea pushed considerably over to the left side. The constant recurrence of sweats and chills, and the hard, thready pulse induced me to open the neck in the median line, although fluctuation could not be perceived. I had the benefit of the advice and support of our president (Dr. McPhedran) in this proceeding. After the administration of an anæsthetic I made an inci-

sion in the middle line of the neck (over the trachea, which here was pushed considerably over towards the left side), and after reaching the deep fascia, I inserted a director, and pushing it steadily inwards in the direction of the swelling with a boring motion, had the satisfaction of seeing pus flow along the groove of the director, and could feel its point move somewhat freely in a cavity. I then passed a pair of dressing forceps in along the groove of the director, and then, separating the blades, withdrew them open, tearing a channel through the tissues, and inserted a large-sized drainage tube. For a few days his condition was considerably improved; his breathing was decidedly better, the trachea returning more to its normal position, and he was able to swallow more food. The inflammation proceeded in two or three days, crept upwards along the anterior edge of the sterno-mastoid, implicated the parotid region, and, crossing the zygoma, appeared in the orbit, causing pronounced exophthalmos. With Dr. Burnham's assistance the orbit was deeply incised above and below the eyeball. A little pus was exuded from a follicular abscess of the conjunctiva, but nothing came from the deep incision of the orbit but blood. Seventy-two hours afterwards he died exhausted. Iron, quinine, and brandy, were freely administered from the inception of the carbuncular inflammation, and when the exophthalmos appeared, ice poultices were used, until the orbital pain was so great as to preclude their further use, and warm poultices were substituted.

This case was most interesting to me, and at the same time most anxious. It illustrates very fully the dangerous nature of carbuncular inflammation of the lower lip.

M. Reverdin states that facial carbuncle presents a special gravity due to its ready complication with phlebitis, and that this phlebitis is attended with death either by extension to the sinuses of the dura mater or by becoming the source of purulent infection. Of anthrax of the face, that of the lips is more frequently complicated with phlebitis than the others. The involvement of the orbit in the phlebitis as demonstrated by exophthalmia shows certainly the implication of the sinus.

The severe form of cellulitis developed in

this case resembles much that form described by Ludwig, of Stuttgart, in 1834, as *cynanche maligna*.

The treatment I would recommend in these cases, besides the free administration of iron and chlorate of potash, and quinine and stimulants, regulated by the amount of asthenia present, is prompt and early and free incisions. Do not wait until fluctuation is undoubtedly present, for in many cases the matter is so bound down under the tense cervical fascia as to fail to respond to the sense of touch. Incisions should be made in the middle line of the neck, as being more devoid of danger, and because the planes of the cervical fascia here meet, and a director or probe thrust through will reach the matter sooner if under the second split of this fascia. Incisions may be made also behind the sterno-mastoid, which is free from almost all important vessels. Above the hyoid bone the bistoury or knife may be inserted for the depth of two inches, or right down to the floor of the mouth, without striking an important organ. In the other positions, Hilton's method had better be followed.

Selections.

TREATMENT OF STRICTURES BY ELECTROLYSIS.

(Translated from the *Internationales Centralblatt*, by DR. McDONAGH.)

In a very interesting clinical and experimental work, Ström, of Christiania, has endeavored to establish the value of electrolysis in the treatment of stricture—particularly those of the œsophagus and urethra. His efforts in this direction originated in the favourable results of Hjort in the electrolytic treatment of œsophageal stricture. He criticizes the operation rather freely, and considers it not free from danger to the patient's life, inasmuch as by too strong a current, cauterization of the mucous membrane and a false passage may take place. Further, no one should use electrolysis without first assuring himself by a director that the sound is in the right passage. The following case is in point: E. E., 6 years old, suffering from a stricture of the œsophagus on the level of the

cricoid cartilage and impermeable from above. Gastrostomy was performed in February, 1885. After different fruitless attempts to pass a bougie, an electrolytic sound was introduced from below. The number of elements used was increased from 5 to 15, the sitting lasting 28 minutes. Towards the end pain was complained of on the left side of the neck. During the next few days some cellulitis with fever developed, but soon subsided again. On November 3rd, an electrolytic sound (size No. 9, French scale) was again introduced. Seven elements were used, and after 15 minutes, without any pressure being made, the point of the sound was felt immediately beneath the skin at the side of the trachea at the level of the upper border of the cricoid cartilage. The œsophagus was therefore perforated, and further attempts of course were avoided. However, on 22nd December a No. 9 bougie passed, without electricity, through the stricture, and later a No. 11 also. In a second case of stricture of œsophagus, in a patient aged 21 years, a No. 9 bougie could be passed, but no further. Dilatation was possible. An electrolytic sound was introduced, and pressed for an hour and a half against the stricture. Although this did not go through itself, yet immediately after the electrolysis, a No. 11 could be passed, and dilatation was thus proceeded with, until a No. 29 bougie could be easily introduced.

After communicating also several cases of electrolytic treatment of urethral stricture, Ström goes on to say that, as the result of his clinical experience, we have in electrolysis certainly a means of securing a passage through the stricture, but that this happens probably through the negative pole producing a caustic effect—at least with a current of the above mentioned strength—and that this cauterization is sufficient to bring about destruction of the mucous membrane. This would be a great objection to the operation, because the cicatrix following the cauterization would have a tendency to contract, and thus prevent a permanent cure. In order to decide these points, experiences on men and rabbits were undertaken. A boy aged 9 years, who had suffered from a stricture of the œsophagus, died of phthisis, and a *post mortem* was made half an hour after

death. The stricture was about $1\frac{1}{2}$ inches long and an electrolytic sound, size No. 10, could be introduced from below, but no larger size. After two minutes' operation with six elements (Milliampiors) the sound went through, and after that a No. 15 without current. The current was resumed for two minutes longer, and a No. 20 passed. The mucous membrane was swollen and slightly yellowish in colour. On the mucous membrane of the stomach, currents from 4 to 8 elements strong caused perforation in five minutes. In rabbits, the author proved that minute strictures were produced in the urethra after three and four weeks from the effects of currents of from 2 to 8 elements, and in sittings of from five to ten minutes.

Ström, therefore, considers the treatment of strictures by electrolysis uncertain and not free from danger, nor always resulting in a permanent cure—at least unless the current is carefully graduated. It is not safe to employ more than 4 elements; with this caution and the previous use of a director to guard against false passages, the author thinks electrolysis very useful in certain cases. It is especially to be recommended when the stricture is still permeable for the exploratory sound, although further dilatation cannot be produced.

EXAMINATION OF THE URINE.

BY J. MILNER FOTHERGILL, M.D.

There is an aspect of albuminuria, in my opinion, too little considered. If there exist a constant drain, no matter whether of serum-albumen or peptones, the system will be imperfectly nourished. A case came under my notice two years ago in the form of a Cambridge undergraduate, who was pale and weak, and feeling unfit for his work. Albumen was present in the urine in unmistakable quantities. In that case two views could have been taken up, and maintained perfectly honestly. My opinion inclined to the case being one of malnutrition in which the loss of albumen played a part. At any rate the lad got well, and the albumen disappeared from the urine. Then again, persons who have had malarial fever are very apt to pass some albumen. One well-known surgeon left India and came home, believing that

his health was broken and gravely impaired ; but after ten years he is still hale and vigorous. We often talk the matter over, and regret that so much misapprehension exists on the subject. In any interference to the portal circulation, albumen is liable to show itself in the urine. When the interference is removed the albumen disappears.

Bearing in mind these facts, the obvious conclusion is this : It is not proper to assume that albuminuria indicates Bright's disease. A medical man has no moral right to alarm a person by announcing Bright's disease merely on the discovery of albumen in his urine. It is as unjustifiable as to inform a man his house is on fire merely because his chimney is ablaze. Before saying anything to the patient the urine should be carefully searched for tube-casts, and if they are discovered, then the announcement is justifiable, but not until !

Of course, no man but a fool or a crank would undervalue the significance of the evidence furnished by the test tube. Say it is a case of cardiac dropsy. The appearance of albumen in the urine while the case is under treatment is almost the herald of despair. But here the circumstances of its appearance are known ; but if a patient comes under notice with cardiac dropsy, and the urine is found to be albuminous, its significance is by no means so ominous. Any cause of venous fulness in the kidney may give rise to albuminuria ; but it is very important what the cause is, as that will determine the significance to be attached to the albuminuria.

An albuminous condition of the urine derives its import from its associations, and the men who disturb the peace of a family merely because the urine in a test tube gives evidence of albumen, are scarcely fit for their vocation, and certainly take a very oblique view of the moral obligations of a family physician.

Again, as to the presence of sugar in the urine. Many medical men have lost their heads in a manner nowise creditable to them on finding some sugar in the urine, whether their own or that of some one else. The discovery of sugar should at once put the medical man on the alert, just as does the discovery of albumen. In either case the medical man

should at once be upon his guard ; but this is a very different matter from abruptly delivering an adverse opinion. The latter is very much like condemning a suspected man without going through the preliminary of a trial to ascertain if he is guilty. The evidence against him at first sight may seem damning, but the process of trial may demonstrate his innocence and not his guilt. When albumen or sugar is detected in the urine of a patient, then a searching examination into the facts is incumbent upon the part of the physician.

As to sugar, corpulent persons often pass saccharine urine, and especially corpulent, gouty persons. What significance glycosuria possesses under the circumstance is unknown to me. One such case has been under observation for over eighteen months. There were other symptoms present telling that the case was something more than mere glycosuria. While allaying the lady's apprehensions as to any immediate danger, both she and I firmly believe she will die of diabetes. And why do we both believe this ? Because from family circumstances she is subjected to worry and annoyance from which she cannot emancipate herself. But as to other cases they seem to go on for years without any deepening of the condition.

There are other circumstances, however, under which glycosuria is found which give it much significance. All physicians of any experience have met with cases where an acute condition of diabetes is started by a sudden shock or fright. Such associations are matter of notoriety. But the association of chronic diabetes mellitus with mental conditions is far less generally realized. Yet those who are giving special attention to the subject are beginning to be strongly of the opinion that diabetes is casually dependent very often upon "carking care," disturbing the liver as regards its glyco-genic function. If this view can be substantiated, and I for one think it can, then the appearance of sugar in the urine, even in small quantity and fitful as to presence, is terribly suggestive. If such a case be watched, it will be found to deepen in gravity : for a while a strict diabetic dietary may afford relief, but it turns out to be a case of "the further in the

deeper." Of course this is the more likely to occur if the patient continue to carry his load of care. If, however, the load be lightened, the result may be otherwise. The glycosuric condition may remain static for years. With one such case I am intimately familiar.

Diabetes—not merely glycosuria, but something more—is a malady which does not necessarily progress with steady, relentless tread to the tomb. We must learn to regard it as a disease which may take its origin in small beginnings and deepen to death; or be arrested, as the case may be, and according to what measures are taken. If this view be well founded, the appearance of sugar in the urine is fraught with high significance. Nor is the difficulty to be met by gluten bread and almond biscuits. That is narrow, not the wide view of the subject.

When a hard-working business man is a patient, in my opinion, a regular periodic inspection of the urine should be made, and when traces of sugar even are detected, to keep a keen watch over the patient. If small quantities are pretty constantly present, then he should be told frankly and honestly his true position, and the facts looked in the face. Such a man will be liable to temporary aggravations of his condition on any passing extra mental perturbation. Such a case is well known to me, where a glycosuric man is a diabetic when anything gravely puts him about. In such cases the urine varies hand in hand with the general condition; and the urinometer will register the case pretty accurately.

Then there are cases of glycosuria where the amount of sugar is considerable in the urine passed three hours after a meal; while the urine passed in the morning contains but little sugar. Speaking broadly, such a condition carries with it a better prognosis than where the morning urine differs little from that passed at other times.

Sugar, like albumen, in the urine is a stiff hint to a medical man to put on his studying cap!

Examination of the urine as regards the patient's account of it, is grossly neglected; just as the reaction of one sample of urine in a test-tube is too highly estimated at the present

time. And if the points put in this paper be con ned over by the reader, and applied to his cases under care, I venture to think some mistake—potential or actual—may be avoided. A negative lesson it certainly conveys. Let not the reader abandon test-tube examination of urine; but let him make it more perfect and more extended as to time and duration of observation. What I denounce—and I do not denounce it more heartily than I detest it—is the too common practice of giving grave opinions from a casual observation. And to point out the sources of fallacy, as has been done, is the only way to secure more careful examination. Certainly no patient should be told he is the victim of Bright's disease until a patient microscopic examination has been made. In the same fashion must the significance of sugar be determined—only here the microscope can lend no service, viz.: by common sense and special knowledge. Rash medical opinions rapped out on insufficient evidence may appear to establish the cleverness of the practitioner; but it is positively certain they have added a distinct amount to the sum total of avoidable human misery; and therefore constitute a practice to be heartily denounced and reprobated by every one who loves his fellow-men.—*New England Medical Monthly*.

ON THE RELATION BETWEEN ERYSIPELAS AND INFLAMMATION.—At the Society of Physicians, Vienna, Dr. Hajek said that he had undertaken the researches in question in order to determine whether the streptococcus of erysipelas differed morphologically, pathogenically, and in its mode of growth, from the streptococcus pyogenes; whether, as to pathology, each of these two species was pathogenic in its proper way, viz., whether the first produced only erysipelas, the latter only phlegmons. He first combated the statements of Resenbach and Hoffer as to the differences of these cocci respecting their form and cultures, and said that the slight differences in the aspect and the quickness of growth were of no importance. The different cultures of these micro-organisms did not show any striking differences, but, nevertheless, they were not at all to be looked upon as identical forms. This became evident from the experiments upon

animals which the speaker had performed for the purpose of determining the pathogenic influence of the cocci in question. He, for this purpose, inoculated two series of rabbits with the cultures of the streptococcus of erysipelas and the streptococcus of phlegmon respectively, after the cutaneous and subcutaneous method, and found some differences in both instances. In the cases of inoculation with the streptococcus of erysipelas, he, for the greater part, observed a wandering redness, with swelling of very slight degree. In a small number of these cases there presented itself, after inoculation, an inflammatory nodule, which either underwent resorption or suppuration. An intense swelling, together with the wandering redness, was but seldom observed. As to the streptococcus pyogenes, the greatest number of the rabbits thus inoculated showed an intense swelling, with suppuration; the latter was present when the inflammation process had reached its highest degree. An intense swelling without suppuration was rare. There was never present a wandering redness without swelling, which was observed in most cases of erysipelas; only the most severe cases of erysipelas resembled the usual forms of phlegmon.

Dr. Hajek, therefore, and probably correctly, concluded that the cocci in question were of a different nature. But it was not the difference of the pathogenic behavior of these two species of streptococcus to which he attributed the greatest importance. The reason for which he felt justified in stating that there was an absolute difference between the coccus of erysipelas and that of inflammation was the result of his histological researches. The histological changes in erysipelas first manifested themselves in an inflammation of the lymph-vessels, later on in an inflammation of the interstices of the connective tissue, and only in the most intense cases the tissue around the lymph-vessels is concerned too. As to the cocci of erysipelas, they were to be met with only in the lymph-vessels, and at the most to a very slight extent, also, in the interstices of the connective tissue. The living tissue formed, in general, no particularly favorable soil for the development of the streptococcus of erysipelas. Moreover, the behavior of the latter, in the progress

of the morbid process, was a passive one, as it was to be found only where it was transported by the lymph-current. The behavior of the streptococcus pyogenes to the living tissue was, however, quite different. Here the lymph-vessels and the interstices of connective tissue were filled with close colonies of cocci, the cellular infiltration either being absent or developed to only a very slight degree. Moreover, the streptococcus pyogenes formed close chains everywhere in the cutis, penetrated it in all directions, and perforated even the walls of the blood-vessels. Hence the streptococcus pyogenes had the disposition to represent itself in the living tissue in the form of colonies. Dr. Hajek remarked that the difference of the behavior of these cocci in the living tissue was a marked one; for, even in the most intense cases of erysipelas the cocci were always to be found only in a proportionally small number, and this only in the lymph-vessels.

Dr. Hajek added that in future, in cases of complications of erysipelas with other affections, it will not be permitted to consider the second disease which complicates the case of erysipelas as dependent on this, but that it will be necessary to prove that the second affection was, indeed, produced by the streptococcus of erysipelas. He, for instance, succeeded in doing so in a case in which pleurisy formed the complication of erysipelas, as the streptococcus which was found in the pleuritic exudation, inoculated on five rabbits, produced only the typical complex of symptoms of erysipelas. In a second case, however, in which pneumonia was the complication of the disease in question, no such etiological connection could be discovered between the two affections, as there was found in the infiltrated lung only the "diplococcus pneumoniae," and no streptococcus.—*Vienna Correspondent of Med. Record.*

COCAINE INTOXICATION.—Dr. Taylor, in a late discussion before the Richmond Medical Society, mentioned the following case to illustrate the danger from cocaine intoxication. A young physician, while a student, had cocaine prescribed for some supposed kidney disease. The cravings of his system for more of the drug became more and more pressing. If

his own knowledge warned him of his danger, he probably consoled himself with the reflection that his kidney disease was progressing, and more of the remedy was demanded. For weeks before he was seen by Dr. Taylor, he had been in Richmond on a protracted spree, and his conduct was so strange as to give rise to the suspicion that he was insane. It was then discovered that he was taking cocaine hypodermically every few hours. When a stop was put to this he was a raving madman; swore he would kill himself, and had to be watched constantly to prevent him from carrying his threat into execution. His delirium finally became so violent that a commission of lunacy sent him to an asylum, but in a few days he made his escape and returned home. His brothers then took charge of him, confined him to his room, and kept a guard over him constantly, and in that way finally broke him of the habit, to which he was a slave. For six weeks his ravings were represented as violent, and his delirium was acute and distressing.—*Quar. Jour. of Inebriety*.

IODOFORM IN COLD ABSCESSSES AND PHTHISIS.—The next new thing here is the use of injections of iodoformized ether in the treatment of cold abscesses. Professor (agrégé) Réclus, who is now lecturing in the place of Professor Richet at the Hôtel Dieu, says that it is better than the older method of large incisions and *raclage*, and it gives better results. He gives the following formula:

Iodoform 5 grammes (75 grains);

Ether 100 " (1,500 ").

Dissolve.

All this amount may be injected into the sac of an abscess, of course, after having allowed the pus to run off. One application will sometimes result in cure; if not, it is to be renewed, and in small abscesses a stronger dose may be used, say double the proportion of iodoform. It is not toxic, and will not do any harm in these doses, and the liquid will penetrate to all the diverticula of the abscess. A little collodion is to be put over the mouth of the puncture made, and one must not be frightened by the swelling that will result from the injection, as it will gradually subside.

While speaking of iodoform we are reminded that Professor Verneuil has noted for some time back that some of his young patients who were suffering from phthisis, and on whom iodoform was being used externally, for various causes, improved very much in health; and this led to his trying this substance internally with, we are informed, most remarkable results. This matter is also in the experimental stage, and time will soon show its merits.—*Paris Correspondent N. Y. Med. Journal*.

DIET TABLE FOR DIABETES.—By request we reproduce Dr. Flint's diet table for diabetes which appeared in the *Canadian Practitioner*, September, 1884:

BREAKFAST.—Oysters stewed, without milk or flour; clams stewed, without milk or flour. Beefsteak, beefsteak with fried onions, broiled chicken, mutton or lamb chops; kidneys, broiled, stewed, or deviled; tripe, pig's feet, game, ham, bacon, deviled turkey or chicken, sausage, corned-beef hash without potato, minced beef, turkey, chicken, or game, with poached eggs.

All kinds of fish, fish-roe, fish-balls, without potato.

Eggs cooked in any way except with flour or sugar, scrambled eggs with chipped smoked beef, picked salt cod-fish with eggs; omelets, plain or with ham, with smoked beef kidneys, asparagus points, fine herbs, parsley, truffles, or mushrooms.

Radishes, cucumbers, water-cresses, butter, pot-cheese.

Tea or coffee, with a little cream and no sugar. (Glycerine may be used instead of sugar if desired).

Light red wine for those who are in the habit of taking wine at breakfast.

LUNCH OR TEA.—Oysters or clams cooked in any way except with flour and milk, chicken, lobster, or any kind of salad except potato, fish of all kinds, chops, steaks, ham, tongue, eggs, crabs, or any kind of meat, head cheese.

Red wine, dry sherry, or Bass' ale.

DINNER.—Raw oysters, raw clams.

Soups.—*Consommé* of beef, of veal, of chicken, or of turtle, *consommé* with asparagus-points, *consommé* with okra, ox tail, turtle, terrapin,

oyster or clam, without flour or milk; chowder, without milk or potatoes; mock turtle, mullagatawny, tomato, gumbo *filet*.

Fish, etc.—All kinds of fish, lobsters, oysters, clams, terrapin, shrimps, crawfish, hard-shell crabs, soft-shell crabs. (No sauces containing flour or milk).

Relishes.—Pickles, radishes, celery, sardines, anchovies, olives.

Meats.—All kinds of meat cooked in any way except with flour, all kinds of poultry without dressings containing bread or flour calf-head, kidneys, sweet-breads, lamb-fries, ham, tongue, all kinds of game, veal, fowl, sweet-breads, etc., with currie, but not thickened with flour. (*No liver.*)

Vegetables.—Truffles, lettuce, romaine, chicory, endive, cucumbers, spinach, sorrel, beet-tops, cauliflower, cabbage, Brussels-sprouts, dandelions, tomatoes, radishes, oyster-plant, celery, onions, string-beans, water-cresses, asparagus, *artichauts*, Jerusalem artichokes, parsley-mushrooms, all kinds of herbs.

Substitutes for Sweets.—Peaches preserved in brandy without sugar, wine-jelly without sugar, *gelee au kirsch* without sugar, *omelette au rhum* without sugar, *omelette à la vanille* without sugar, *gelee au rhum* without sugar, *gelée au café* without sugar.

Miscellaneous.—Butter, cheese of all kinds, eggs cooked in all ways except with flour or sugar, sauces without sugar, milk, or flour.

Almonds, hazel nuts, walnuts, cocoa-nuts.

Tea or coffee with a little cream and without sugar. (Glycerine may be used instead of sugar if desired.)

Moderately palatable ice-creams and wine-jellies may be made, sweetened with pure glycerine; but although these may be quite satisfactory for a time, they soon become distasteful.

THE CLINICAL IMPORTANCE OF BACTERIOLOGICAL INVESTIGATIONS.—We believe that few physicians as yet appreciate the practical value of examinations of secretions and tissue for micro-organisms. We are on the eve of an era in clinical medicine in which bacteriological investigations are to occupy as important a position for the purposes of diagnosis, prognosis and treatment, as the physical examination of

the chest and the analysis of urine do at the present time, and it behooves every physician who hopes to keep pace with the latest advances in his art to make himself familiar with practical bacteriology. As there were physicians thirty or forty years ago who would not take advantage of the benefits of physical examinations, so to-day many, satisfied with their present methods, will pass over the positive information which an examination for micro-organisms will give. Not all physicians, however, who are fully conversant with and wish to take advantage of the best resources of modern medicine, are able to devote the time that is necessary to acquire dexterity in the technique of bacteria staining. Others again do not wish to purchase the somewhat costly apparatus that is requisite. To these the various microscopic laboratories throughout the country offer their aid. Many of the specific diseases have been proven to be due to micro-organisms and it will not be long before the pathogenic bacteria of them all will be discovered. In at least four of these diseases, anthrax, relapsing fever, tuberculosis and cholera, the diagnostic value of the finding of their characteristic bacteria is of prime importance. The first two of these diseases are not very common in our country and many of our physicians are unfamiliar with their clinical histories, and this fact enhances the value of a positive diagnostic sign.

The country has thus far escaped the invasion of the cholera epidemic which has decimated so many districts of Europe during the last few years. At any moment, however, the disease may be imported into our midst, and the responsibility of a prompt and correct diagnosis may fall to the lot of some practitioner remote from the great commercial centres. The responsibility which will be thus thrown upon the physician is a fearful one. Upon the promptness and accuracy with which he recognizes the disease will hang the lives of hundreds of our citizens. Whether the disease shall be checked in its incipency or be allowed to spread until almost beyond control will depend upon his knowledge and judgment.

Many cases of cholera morbus resemble cholera so closely in their symptomatology that

a certain diagnosis from the symptoms alone is impossible. In the dejecta of cholera, however, there is an organism, the comma bacillus of Koch, that is characteristic of that affection, and, when found, and identified, establishes the diagnosis beyond all possibility of doubt. The physician, or officer of the health, who neglects to utilize this positive knowledge, is taking a fearful risk.—*Microscope*.

THE INDICATIONS FOR THE USE OF ALCOHOL IN ACUTE DISEASES.—It is getting to be a quite well-established canon of medicine that most healthy men are better without alcohol taken in any form or at any time. We are inclined to add that Americans do not bear it so well as Europeans. That it can be dispensed with altogether in medicine, however, is a thing not to be admitted, and medical opinion almost unanimously supports this view. But no doubt alcohol is often used more promiscuously than it should be, especially in hospitals, and the observations and conclusions of Dr. Collie regarding the indications for its use (*The Practitioner*) deserve close attention. Dr. Collie admits that alcohol is not required in the mildest cases of fevers, nor in the severe if the patient be taking a sufficiency of food, nor generally in young adults of the well-to-do classes. These are great admissions for Dr. Collie to make; but in opposite circumstances he maintains it is more or less necessary, and we advise our readers to consider his opinions. Briefly, in the chief fevers, to which his authority applies, they are as follows: In typhus, alcohol is rarely required for children or adults under thirty; but after this age it is necessary, and often in considerable quantities. It may be dispensed with early in convalescence, as solid food can be taken as soon as the temperature falls. In scarlet fever alcohol is not required, as a rule, at any period of the disease. But in very poor children, in early convalescence, with abscesses or brawny neck, alcohol, in the form of port wine, is indicated. He considers port, say four to eight ounces, good for children of the age of from four to six. For procuring sleep it is better than opium. In enteric fever the chief value of alcohol is during convalescence, where solid food cannot

safely be taken for from ten to fourteen days from the return to normal temperature. Alcohol is contraindicated in cases of hemorrhage unless collapse has resulted. Burgundies and champagne, of well-approved brands, are, he thinks, the best forms.—*N. Y. Med. Record*.

ACCOUCHEMENT DURING HYPNOTIC SLEEP.—

In the *Weiner Med. Wochenschrift* a case is mentioned of a woman whom Dr. C. Braun succeeded in rendering unconscious during labour by throwing her into a condition of hypnotic sleep; the uterine contractions were particularly painful. They were equally violent during the period of unconsciousness, but the intervals were somewhat longer; dilatation of the passages took place in the most satisfactory manner, and delivery was speedily accomplished. The placenta was expelled into the vagina, and was easily withdrawn with the hand. On awakening, the patient did not complain of pain, and afterwards slept naturally for several hours. One of the most interesting features of the case was that the uterine contractions induced contraction of the abdominal muscles without awakening the patient. Hemorrhage was very slight.—*British Med. Jour.*

VOLKMAN'S DRESSING.—The following simple dressing for wounds is given as Volkman's:

The antiseptic carbolic gauze next the skin. Next, bags of moss thickly placed about the wound previously treated for $1\frac{1}{2}$ hours in a sublimate solution, viz.:

Sublim. solution,	500 grams—about 1 pint.
Glycerine,	1,000 “ “ $1\frac{1}{8}$ pint.
Water,	20,000 “ “ 5 gallons.

Then wrung dry and used as wanted.

Outside of all a wet gauze bandage held the whole in place.—*American Lancet*.

PERHAPS HE IS A FRAUD.—A recent cable letter to one of the daily papers says that Dr. Succi, who has been amusing a credulous public by exhibiting himself in a fasting condition, is reported to be an impostor rather than foolish. A buxom young woman, the mother of a fine boy, is in attendance upon the faster, and it is asserted that she divides the secretion of her lacteal glands with great impartiality between the scientist and the infant.—*N. Y. Medical Record*.

ANTIPYRIN.—Professor A. Franekel, assistant physician in the *clinique* of Dr. Leyden, has published the results of some experiments with antipyrin in the treatment of rheumatism. This substance is a specific in acute articular rheumatism. Out of thirteen cases of slight severity, a cure was rapidly effected in nine, whilst out of twenty-one serious cases, the remedy was successful in four. Antipyrin has the great advantage over other specific remedies for rheumatism that it has no bad subsequent effect. While salicyl causes tingling in the ears and hallucinations, Prof. Fraenkel only once observed sickness, and once a peculiar eruption, after the use of antipyrin. In spite of its superiority in this respect, antipyrin has no effect in preventing the development of endocarditis; it cannot, therefore, take the place of salicylic acid in all cases.—*Compendium*.

THE THERAPEUTIC USES OF THE HOT BATH.

—Some time ago an opportunity was afforded me of making some observations on the effect of the hot bath in removing some morbid conditions of the system. A man of middle life, in temperament nervous-sanguine, spare, and somewhat below the average height and weight, complained of languor, debility, want of energy, and lowness of spirits. On examination it was found that his heart and arteries were sound, though his circulation was rather weak. His alimentary system was fairly good, though the quantity of food taken was below the average. His skin was somewhat dry, and a few spots of psoriasis were found on the extensor aspects of the legs, arms, and trunk. His urine was cloudy, with phosphates, and below the average in quantity. As the Turkish bath was not in this case available, he was advised to take a water bath at a temperature 105° F., and directions were given how to proceed in case of faintness. The day after taking the bath his condition was wonderfully improved. His circulation was stronger, his urine was clear, and he now felt cheerful and well. This improved state of matters continued for about twelve days, when all the unpleasant symptoms reappeared, and he began to feel as ill and dejected as ever. The most natural proceeding was, of course, to order him another bath, and this he took with the same

happy results as before. Since that time he has had the hot bath about once a fortnight, and by this means has managed to keep himself in very tolerable health and spirits. If faintness should come on while in the bath, the whole head should be immersed in the hot water, and kept there for a few seconds, when the faintness will disappear. The usual directions given in public baths are to get out of the bath as soon as drowsiness or faintness begins and ring for the attendant; but any one who attempts to do this will most certainly aggravate his danger. As pointed out some time ago by Mr. Benham and subsequently by myself, the application of heat to the head is a potent means of averting syncope. From time to time we hear of deaths in the warm bath; and I am convinced that many of these might have been prevented by the adoption of the simple method referred to, instead of the deadly and often impossible means commonly recommended.—*Dr. Noltey, in Lancet*.

BRAIN INJURY IN FORCEPS DELIVERY.—At a recent meeting of the Edinburgh Medico-Chirurgical Society, Byrom Bramwell showed a boy suffering with left hemiplegia, which he attributed to an injury received at birth. The delivery of the patient's mother was tedious, and had been finally effected with the forceps. Since infancy the child had been subject to epileptiform seizures, but at the time of observation there was no mark of injury of the cranium. The surgical aspect of this case involved the question of operative interference, suggested by the fact that the patient could localize a painful point over the motor area of the left arm. The judgment of the Society was adverse to it, and we do not see how it could have been different.

This case, however, is not cited so much on account of its surgical aspects as on account of its bearing upon the question of the effect upon an infant of the compression of the head by the forceps. That decided compression of the child's head often takes place in forceps delivery, in spite of the greatest care on the part of the accoucheur, and notwithstanding the use of the most suitable form of forceps, cannot be doubted, and it would be interesting to have some col-

lection of the proportion of cases in which subsequent manifestation of brain disturbance could be reasonably attributed to the accidents of such delivery.

One of the ablest neurologists of this city entertains the opinion that very many cases of impaired brain function are due to compression at the time of birth; and his opinion seems reasonable enough. The case related by Bramwell is one in point, and others might be cited. Although it is not perfectly clear, it may be, however, that those who think that the remote dangers to the child in forceps delivery are much greater than is generally supposed, may speak more from a general impression than from a careful study of the subject. Still, their views are so plausible *a priori*, that it is desirable that enough evidence be collected to settle the question definitely for the benefit of the many accoucheurs who apply the forceps frequently.—*Med. News*.

THE CURETTE AS AN ABORTIFACIENT.—At a recent meeting of the Association of Physicians in St. Petersburg, Dr. Weidemann advocated the use of the curette in removing the fecundated ovum, when the production of abortion is imperatively demanded before the third month of gestation, as it may be not infrequently, especially in cases of exaggerated hyperemesis.

The arguments brought forth in support of the claim that this method is preferable to any other are forcible. The foetus with its enveloping membranes, during the first three months of pregnancy, forms a polypoid tumor within the uterus, the attachment of which is at the seat of the placenta, and is quite firm, while the membranes are delicate and easily ruptured; if, therefore, as is often the case in early abortion, the foetus alone is expelled, leaving behind its shell and the placenta, their subsequent decomposition is likely to lead to serious septic infection. With the curette the removal of the entire ovum with the placenta may be accomplished with certainty, avoiding the risks of the development of septicæmia, and, by the rapidity of the operation, preventing any excessive hemorrhage, which is often an alarming complication in those cases in which the expul-

sion of the ovum having begun, the conclusion of the act is left to nature. It is necessary to dilate the cervix rapidly before employing the curette, in order to admit of its ready introduction, and to facilitate the removal of the uterine contents. It is needless to add that the strictest antiseptic precautions should be observed.—*Med. News*.

AN EPIDEMIC OF BOILS.—Dr. Al. Hergott (Nancy) communicated to the *Annales de Gynécologie* a series of cases of boils transmitted from one woman to another at the Maternité Hospital, by the common use of a basin which had not been sufficiently disinfected. Five women had an eruption of boils in the gluteal region. The manner in which the epidemic appeared left no doubt as to its origin. The basin, which was the vehicle of the disease, was washed with *liqueur de Van Swieten*, and no fresh cases occurred. The fact shows very clearly the importance of thoroughly disinfecting all utensils that are to be employed by more than one person. M. Gingeot states that the best method of transmitting boils with cultivations of fluids, is to dip a camel's-hair brush into this fluid, and brush over a hairy part, so as thoroughly to impregnate the orifices of the glands. This method is practically the same as that by which the contagion at the Maternité at Nancy was caused.—*Quarterly Compendium*.

HARD CHANCER OF THE VAGINA.—A case of hard chancre of the vagina is related by Dr. Bockhart, in the *Monatsh für prakt. Derm.*, which is interesting from the manner in which it originated, as well as from the fact that the hard sore is very rarely found on the mucous membrane of the vagina, partly because of its histological formation and because, too, sores here heal quite rapidly. A woman who had never before contracted syphilis, although she had often had coitus with an infected man, experienced pain after each connection during the fortnight before she was seen, and after each intercourse drops of blood came from the vagina. Examination showed an undoubted hard chancre in the middle of the posterior vaginal wall. There were no secondary symptoms. The man had moist patches about the frænulum. The

origin of the infection was this : The man, who was in the habit of performing the act several times during the night, always used at the first onset a so-called *stimulating condom* to increase the woman's genital excitation, and left it off during subsequent copulation. The instrument mentioned consisted in a thick rubber condom having rows of rubber prongs on its surface so arranged that they flatten out as the penis enters the vagina, but upon withdrawal stand out and irritate the vagina and, undoubtedly, when often used, cause erosions. An erosion having been produced in this way, the syphilitic virus found entrance from the man's mucous patches, and the perfect induration resulted, where, without the loss of substance, spontaneous healing would have been looked for. Symptoms of constitutional syphilis soon appeared.—*Quarterly Compendium*.

THE TREATMENT OF RHEUMATISM.—Dr. Osler employs in mild cases, with only one or two joints involved and the temperature not above 102° F., the citrate of potash in 3ss doses every four hours. If there is much pain and the patient is restless, Dover's powder grs. x at night. In more severe attacks, with poly-arthritis, and fever above 103°, he orders salicylate of sodium grs. xv every two hours, with a similar quantity of citrate of potash. The important influence of the salicylate is believed to be in the reduction of pain and fever. It is not thought to have much influence in lessening the duration of the disease; and, on the other hand, when pushed for many days and in large doses, it is thought directly to favor the occurrence of relapse. Hence, as soon as the pain is relieved, the amount of salt is reduced, and it is stopped as soon as possible. It does not probably influence, one way or the other, the occurrence of endocarditis. When the temperature is above 103.5° antipyrin, grs. xx, is ordered. With fever of 105° the cold pack is employed. Lemonade and carbonated waters are allowed freely. An unstimulating liquid diet is given. Blankets are preferred for the bedding of the patient. Special care is enjoined in changing the clothing, and a wad of cotton-wool is placed over the front of the chest. The joints are wrapped in cotton-wool, or, when very

painful, in spongipiline, or flannel, soaked in Fuller's lotion (hot) (Liquor Opii Sedativus, ʒj; Potass. Bicarb., ʒiv; Glycerin., ʒij; Aquæ, ʒix). If the salicylate and the local application fail, as they sometimes do, to relieve pain, opium is freely given. During convalescence iron and tonic doses of quinine are ordered.—*Medical News*.

CHOLERA.—In twenty-four cases of cholera which Tizzoni and Cattani examined, they were able to find the comma bacilli in every case either in the dejecta or contents of the bowel, whether the attack was of the acute form or presented more of the cholera typhoid type. Large doses of calomel, quinine or thymol, in no way hindered a positive result being arrived at by the examination of the bowel contents. Several times the bacilli were found in the gall bladder, in the stomach, and in the vomited matter, and in one case in the subarachnoid fluid. They found the bacilli free in the blood and also enclosed in the white corpuscles, which latter, however, they were unable to cultivate.—*Centralblatt für Bacteriologie*.

STAFFORDSHIRE KNOT.—Mr. Tait makes the tie to constrict a pedicle in two equal parts, as follows: He employs an awl-like needle, with an eye near the point, and threaded with the ligature, to transfix the pedicle at its middle. As soon as the eye appears on the distal side, the ligature is seized and pulled upon while the needle is withdrawn, and entirely cleared. Now there is a loop on one side of the transfixed pedicle and two free ends on the other. The next step is to pull upon the loop until it is long enough to pass over the tumor or collapsed ovarian cyst; then one of the free ends is passed through the loop, and the two ends pulled down till the loop is shortened and made to encircle the halves of the pedicle at the time of transfixion.—*Albany Medical Annals*.

TREATMENT OF SYPHILIS.—Schwimmer, in the *Pesth Medchir. Press*, gives the following as the present treatment of syphilis: (1) Syphilis is a curable disease, requiring, however, long-continued treatment. (2) Early excision of the chancre is the surest means of prophylaxis and

of absorbing the disease. (3) The administration of mercury is to be begun early and to be followed up with iodine; also the recurrence of the symptoms is to be treated in the same manner, and the treatment to continue throughout one year. If the patient remains free from recurrences during the course of the next year, then he may be considered cured.—*Internationales Centralblatt*.

BERI-BERI.—That the endemic paraplegia, or Beri-beri, of Japan and of certain tropical countries, has not yet been described in this country, lends special interest to the communication of Dr. Seguin on this subject at the meeting of the Neurological Society of Philadelphia. The researches of Scheube and others in Japan have shown that the disease is a multiple neuritis, probably of infectious origin. Dr. Seguin's cases came from Cuba, Brazil, and the Isthmus, in which regions it would appear to be of pretty recent occurrence. It is quite possible that the disease may appear in the Gulf States or in California, as it prevails extensively among the Chinese in the Sandwich Islands. The analogous indigenous cases reported by Dr. Seguin certainly resemble beri-beri in essential features, though it is doubtful if they are etiologically of the same nature.—*Medical News*.

ADVICE TO YOUNG DOCTORS.—Dr. Robert Battey, in a recent address before the Atlanta Society of Medicine, thus spoke to the younger members of the profession: If you want to succeed in professional life, don't be too careful when a call comes to you to inquire into the circumstances of your patient, whether he is able to pay a good fee or not. Don't be too careful to prune closely at the outset and trim your practice into influential patients only, and all that sort of thing. Try to infuse within your own heart and soul a true spirit of benevolence, love of your kind, zeal in your profession, anxiety to relieve human suffering, and if you pursue your mission with your whole heart, with true earnestness of purpose, *somebody* will find it out, and it will not be a great while before a great many people will find it out, and they are not going to let you

starve. That sort of men is too scarce to let starve. They don't starve in America. They can't be spared. If you want to be sure of your bread and meat and provender for your horse and something for the blacksmith and carriage man, take that recipe and try it awhile. I think I can say confidently, gentlemen, from the very first day that I practised medicine it has been a rule with me to give no thought for the morrow, what I should eat, wherewith I should be clothed. Consult the interests of your patients. Try and get them well in the shortest possible time and somebody will clothe and feed you and you will have an established practice and an established reputation. You will have the support and confidence of the community in which you live.—*Practice*.

THE PLAGUE OF EELS IN LONDON.—The inhabitants of the east end of London are suffering from a plague of eels. Everybody knows that the monthly reports of the chemists employed by the water companies show conclusively that the water is absolutely free from living organisms, and the explanation seems to be that the organisms are too large to get into the microscopes. The fish which the East London Company are distributing to their customers are indeed easily visible to the naked eye, for some have been found no less than eighteen inches long, and the mains abound with them to such an extent that the local board of West Ham has complained to the local government department, with the view of having some remedy applied. The eels, instead of fulfilling their destiny by being legitimately caught, skinned, and cooked, have a fashion of committing suicide in stop-cocks and taps. There they decompose, with the result, as illustrated lately, of causing the water to become horribly putrid, and of giving something very like typhoid fever to the unlucky consumers. A whole family has just been laid prostrate in this way, and one or two of its members are seriously ill. The company has been appealed to, with little result. They say that three years ago some of their filter-beds burst, and that the unfiltered water on that occasion made its way into the mains, carrying with it a number of

minute eels and other fish, which have since spawned and multiplied in the pipes. The mains have been repeatedly flushed, with the object of getting rid of the intruders, but without success; and the company's engineer is only able to tell the sanitary authority that he does not consider that the water is injured by the eels as long as they are alive, though he admits that a dangerous nuisance may arise from them when dead. The matter is really a very serious one, for the evil is steadily on the increase. There is one consideration, too, which does not seem to have occurred either to the local board or to the company, and that is whether water that can under the conditions of its distribution here support the life of fish, is fit for human consumption? On what do the eels feed? Clearly not on weeds or other vegetable substances, for the water is confined in iron mains. If, however, they find enough animalcules in the water to enable them to live and grow to a considerable size, is it certain that what is eel's food may not be man's poison?—*Med. News.*

COMBINATION OF ANTISEPTIC SUBSTANCES.—Certain of the antiseptics cannot be applied to all the tissues at a degree of concentration sufficient to produce their antiseptic effects without danger, owing to the fact that they are caustic or otherwise poisonous. For instance, a solution of bichloride of mercury of one to thirty thousand cannot be used upon the pulmonary parenchyma.

M. Lépine has been experimenting to get a solution that would be harmless, and at the same time unite and augment the effects of the different antiseptic substances. He gives the following in solution in distilled water:

One-hundred-thousandth part of corrosive sublimate.

One-thousandth part of salicylic acid.

One-thousandth part of carbolic acid.

One-half-thousandth part of benzoic acid.

One-half-thousandth part of chloride of lime.

One-ten-thousandth part of bromine.

One-two-thousandth part of hydrobromic acid of quinine.

One-two-thousandth part of chloroform.

This composition is not at all irritating, and

it has the very strongest kind of antiseptic properties, seeming to act with the full force of each ingredient.—*Phil. Med. Times.*

Prof. Chiari (Prague), at a recent society meeting, mentioned an affection of the testicles in variola which has rarely been observed and but few cases are recorded. The French literature contains several references to it (Beraund, Trousseau, Geraud). In Germany, Wagner alone mentions the frequent occurrence of small lymphatic tumors in the testicle in variola. Chiari, from a large number, found the change in the parenchyma of the testicle in fifteen cases (14 boys and 1 man). Microscopically some of the masses show a small celled infiltration of the connective tissue, with marked widening of the septa between the semen tubules, in others necrosis of the cells in the connective tissue and also of the epithelium of the tubules. In the older masses three zones are distinguishable—a central zone of total necrosis, a middle zone with marked small-celled infiltration and a partial necrosis, and a peripheral zone of exudation and commencing necrotic change. Chiari looks upon these masses in the testicle as an affection peculiar to variola, and suggests as a name for use in literature that of orchitis variolosa.—*Wien. Med. Zeitung.*

COCAINE IN ACUTE PHARYNGITIS.—Dr. Kurz mentions in the *Abeille Medicale* that, having a severe case of phlegmonous inflammation of the pharynx, producing dyspnoea, violent headache, and great pain in the neck, which was unrelieved by chlorate of potash, salicylic acid, quinine, and ice, he painted the pharynx with a four per cent. solution of cocaine. The first application caused a choking sensation and vomiting; it was repeated at the end of five minutes, and this time no reflex actions appeared. After two more applications the local symptoms disappeared as if by magic, the extreme tumefaction becoming scarcely perceptible, and the voice, respiration, and power of deglutition returning. The cure was ultimately completed by a two per cent. resorcine spray.—*Med. News.*

Therapeutical Notes.

FOR BURNS.—Mix four ounces of yolk of eggs, with five ounces of pure glycerine. This forms a varnish.

FOR WARTS.—

Acid salicylic	1 gramme
Alcohol 90°	1 “
Ether	2½ “
Collodion	5 “

℞. Paint twice a day. —Vidal.

ANODYNE LINIMENT.—

Powdered Mastic	gr. 3
Balsam peru	3j
Narcotic	3j
Chloroform	3v

℞. Shake till dissolved.

For neuralgia or rheumatic joints, etc., spread on linen as on anodyne plaster.

ANTI-STRUMOUS RESOLVENT LOTION (Descroizites):—

R. Chloride of sodium	40 gram. (310)
Sulphate of magnesia ..	15 “ (3¼)
Tincture of iodine	1 “ (3¼)
Distilled water.....	150 “ (337½)

℞. Compressers soaked in this solution are applied to the strumous engorgements of children, the appropriate general treatment being ordered.—*L'Union Médicale*.

RHEUMATISM.—Dr. Geo. L. Peabody treats acute rheumatism with iron and salicylic acid. The following is the formula:—

R. Acid salicylic	gr. xx.
Ferri Pyrophosph	gr. v.
Sodii phosph	gr. 50.
Aq.	3ss.

℞. Given every two hours till improvement or constitutional symptoms set in. The severe anæmic that so often follows the use of salicylic acid, is avoided by this combination.

IODIZED HYDROGEN WATER.—Dr. Mortimer Granville recommends this for persons suffering from uric acid accumulations. It is made by very slightly iodizing distilled water, or dissolving in it a minute quantity of hydriodic

acid, not enough of either to make the taste disagreeable, and then passing well water hydrogen gas through it. Water will only dissolve about 2 per cent. of hydrogen, but this greatly increases the capacity for holding solids in solution.

CARBOLIC ACID FOR SCARLATINA.—Dr. Wiglesworth, *Deutsche Medicinal Zeitung*, has used carbolic acid in 100 cases of scarlatina without having a single death, and in only two of them was there albuminuria, which he asserts was in no way due to the treatment. He gave 0.20 centigramme doses dissolved in 30 grammes of water flavored with chloroform and bitter orange. After 36 or 48 hours of this treatment the urine was usually discolored.—*Quarterly Compendium*.

ELEGANT SEIDLITZ POWDER SOLUTION.—Having figuratively prescribed seidlitz powders, and noting the adulteration and short weight of many dispensed, I decided upon the following method, which has given satisfaction to both physician and patient:—

SOLUTION No. 1.

R. Sodii bicarbonatis.....	3ij.
Potassi et sodii tart.....	3ij.
Syr. aurantii cort. recent.....	3vi.
Aq. gaultheriæ ad.....	3ij.
M. ft. sol.	

Sig.—Pour in a goblet half full of cracked ice.

SOLUTION No. 2.

R. Acid tartarici	gr. xxxv.
Syr. aurant. cort. recent....	3ss.
Aq. gaultheriæ ad.....	3j.
M. ft. sol.	

Sig.—Add to No. 2 and drink while effervescing.

This forms an agreeable and effective aperient, devoid of any saline taste, effervescing slowly, and contains the virtue of one seidlitz powder, U. S. P. 1880.

This may be prescribed in quantity as it will keep indefinitely.

The taste is as agreeable as soda water. Aromatic syrup may be used if it is desired.—*H. S. Brookes, Ph.G., M.D. St. Louis Courier of Medicine*.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, FEBRUARY, 1887.

RETROSPECT OF SANITARY MATTERS IN THE PROVINCE OF ONTARIO.

The retrospect of last year is favorable to sanitary advance in the Province of Ontario; public opinion has advanced on an intelligent basis and beneficial results are apparent on all sides. We have providentially been spared a visitation of any epidemic,—the lessons of last year's scourge of small-pox in Montreal have not been thrown away. It is very assuring to notice how harmoniously civic and municipal councils are working with their boards of health. A large number of our urban municipalities and towns have regular scavenging arrangements; much attention is paid to the removal of night soil and garbage, and the cleaning out of privy vaults. In some towns efforts are even being made to close up privy vaults, and either introduce the water carriage or dry earth system. Several places—notably Stratford, St. Catharines, Brockville, Owen Sound, and Port Arthur—have prepared complete systems of sewerage which are being carried out gradually as the requirements of the inhabitants demand. Toronto submitted a trunk sewer scheme to the rate-payers, who rejected it chiefly because it was not thoroughly understood, although they have been sufficiently alive to the necessities of the improvement of the river Don.

In the greater number of municipalities the boards of health have been composed of rate-payers not members of the respective councils, Toronto alone insisting on forming its board of health altogether from the aldermen; still the work of the board last year was effective, thanks to the energy and indefatigable zeal of the chairman, Mr. Alderman Drayton, whom it would be very desirable to see in that position again another year. The cremation of garbage will, it is hoped, be successfully instituted next year; the closing of privy pits is being recognized as a necessity; slaughter houses and disposal of offal are now satisfactorily regulated.

A plumbing by-law will be enforced soon, and it is earnestly hoped a proper building by-law will be inaugurated and put into force by the end of the year.

THE TUBERCLE BACILLUS.

The bacillus of tuberculosis exists not alone in general tuberculosis, but also in cases where the disease remains localized for a long while and finally disappears. We have learned thereby that such light and benign cases which formerly we tried to separate from genuine tuberculosis really belong to this disease; that by the discovery of the bacilli we are enabled to make a diagnosis of tubercular disease in the lungs, in those light cases also when formerly it was impossible. That such favorably resulting tubercular diseases are very numerous, can be established at the *post mortem* table, where many robust individuals who had died from accidental sickness show in their lungs traces of tubercular disease in the form of cheesy masses, often incrustated with lime and surrounded by indurated cicatricial tissue. In all of these cases we might at some stage have demonstrated tubercle bacilli in the sputum; we must, therefore, always on discovery of these bacilli in the sputum make the prognosis grave but not absolutely fatal. As the disease increases in intensity so does the appearance of bacilli in the sputum become more constant; a suspicious sputum giving negative results should be examined during at least four successive days before a positive opinion can be given that no bacilli exist, consequently no tuberculosis.

Preparation of the staining fluid.—A saturated alcoholic solution of gentian violet is added to aniline water (4 parts of aniline with 100 parts of distilled water) in the proportion of 5 of the former to 100 of the latter. Another liquid is 90 grammes of distilled water, 10 grammes of absolute alcohol, $\frac{1}{2}$ gramme of liq. ammon. caust., 2 grammes of gentian violet; of this solution 10 or 20 drops are filtered into a watch glass. The sputum to be examined is now spread as thinly as possible on a covering glass by pressing another one over it. This is now removed and the preparation allowed to dry in the atmosphere. The object glass is now passed slowly and carefully through a gas or alcohol flame,

one or two drops of the staining liquid are then applied to the preparation and after two minutes washed off with distilled water. The glass is now placed with the preparation downward, upon a drop of water on the slide for microscopic examination. (*Peyer's microscopy*).

Instead of the above methods the following can be used, recommended by Weigert-Koch. The solution is servicable when used within twelve days after its preparation: 11 c.c.m. concentrated alcoholic solution of fuchsine or methyl violet, 10 c.c.m. of absolute alcohol; allow the cover glass to swim on the coloring fluid for 3 to 12 hours, (or in a warm solution for 5 to 20 minutes), removed with the forceps and placed for a second in solution of nitric acid (1:3 water) then washed off in water; by this means all the bacteria, save those of tubercle and lepra, will be decolorized. The cover glass can then be passed through a solution of methyl blue and again washed in water, dried, and examined in cedar oil or Canada balsam. The tubercle bacilli alone are colored red, all else being blue.

PYREXIA AND ANTIPYRETICS.

Prof. Robin, of Paris, has recently published the results of his studies on "A New Therapeutic Method; or, The Oxidizing of Fevers, and particularly of Typhoid Fever." A *résumé* of the paper is given in the Journal of the American Medical Association. Prof. Robin is one of the most celebrated physiological chemists living, and combines with this an excellent knowledge of clinical medicine. He is, therefore, in a good position to study this complex subject. He lays down the following propositions:—

(1) "The elevation of febrile temperature does not depend on increase of organic oxidations. (2) During fever there is retention in the organism of but slightly soluble waste, eliminable with difficulty, and generally toxic. (3) Organic disintegration is very much increased during fever."

His first therapeutic principle is that, instead of impeding oxidation, efforts should be made to encourage that process. In this way we prevent the formation of such imperfectly oxidized waste as the ptomanies and leuco-

maines which, circulating in the blood, poison the system. Quinine, when given in small and repeated doses, retards disintegration without diminishing oxidation. In large doses it prevents oxidation, and consequently does harm.

Antipyrin diminishes nitrogenous disintegration, but diminishes oxidation still more. It increases the less soluble waste matter, uric acid; and diminishes the more soluble and more easily eliminated substance, urea.

The increased oxidation he proposes to carry out in two or three different ways: (1) By maintaining plenty of oxygen in the surrounding air. (2) By keeping the respiratory apparatus as healthy as possible. (3) By stimulating the nervous system, which exercises a direct effect on oxidation. Cold sponging is recommended as one way in which to thus stimulate the nervous system. (4) By administering drugs which increase oxidation. The best agents for this purpose are alcohol in small quantities, common salt, the alkalies, salts of the organic acids, and fluids freely given.

We have thus briefly outlined a few points in this new treatment of fever. Many suggestions, we think, are of great value. From clinical experience, we have often doubted the efficiency of such powerful antipyretics as antipyrin, thallin, etc., on the ground that the high temperature is the result of necessary tissue metabolism, and that to lower the temperature you prevent the perfecting of the tissue change, so that the waste matter is not of such a soluble character as to be easily eliminated from the system.

Prof. Robin does not say anything about the injurious effects of a high temperature on the nerve centres, and of the apparent necessity in some cases of administering antipyretic agents.

DIVISION OF THE MEATUS URINARIA.—In a recent number of the *New York Medical Record*, Dr Bearnet, in a paper on the subject, protests against the routine practice of enlarging the meatus urinaria. In many cases it is unnecessary. And he is of opinion that slitting the meatus impairs the function of the organ both in urination and copulation. He also states that he has restored both functions to their normal condition by narrowing the meatus.

STATISTICS OF THE CHOLERA EPIDEMIC IN BUDA-PESTH.—The *Wiener Medizinische Zeitung* reports that 966 persons were attacked by cholera during the epidemic of last summer; of these 415 were day laborers, 130 maid servants, 232 hand workers, 79 of various occupations, 33 soldiers, and 77 children. The mortality was 51.6%; 98 were seized with *cholera nostras*, mortality 46.0%; 265 cases of *cholera*, mortality 15.4%. Twice as many men were attacked as females, while the disposition to the illness in children was very small. The city physician of Buda-Pesth, although greatly ridiculed, adheres to his three divisions of cholera. That of his 98 cases of *cholera nostras* only 46 succumbed, and but 41 died from *cholera*, speaks well for the results but in no way for the accuracy of his observations.

Dr. Canniff, author of "The Settlement of Upper Canada," is engaged in collecting information relative to the beginning, rise, and development of the Medical Professions in Upper Canada, with the view of publishing a history of the Profession in the Province of Ontario. Any facts respecting the first medical men in the different sections of the province will be thankfully received; and he respectfully asks the assistance of the profession. The items desired relate to the name, nationality, time of arrival in the province, place of medical education, professional qualifications, how and when licensed, place of practice, incidents in practice and experience, and any official position held.

M. PASTEUR.—Professional opinion is painfully divided regarding the utility of Pasteur's system of inoculation in hydrophobia, and it is as yet impossible to draw any firm conclusions in the matter. He has admirers who lean on him with child-like credulity, and critics who regard his theory as a weak combination of most eccentric imagination and crude experiment, and consider that he has been playing a deadly game. A strong reaction has taken place in fickle Paris. Last November Pasteur was applauded by the members of the Academy of Medicine, who conferred the high honor of their approval, now one of the distinguished medical journals in that city hurls

its javelins at the illustrious savant. Prof. V. Frisch, of Vienna. Prof. Amorosa, of Naples, and Prof. Semmola, are among the more prominent doubters.

HÆMOGLOBINURIA.—At a recent meeting of the Physicians' Society of Vienna, Prof. Bamberger reported a case of paroxysmal hæmoglobinuria in a coachman, 45 years of age, who sought his clinic; so often as he remained sitting in the cold he would be seized with a chill, and the urine passed had a bloody appearance. Upon these points of history a diagnosis could readily be made. The experiment was tried of making the man immerse his hands in ice cold water, and afterwards, while but thinly clad, take a walk in the court; a chill was immediately experienced and the urine was found to contain hæmoglobin in solution; very few corpuscles were present. In a few hours the urine again became normal.

ANTIPIRYN AND NUX VOMICA.—Dr. Henderson reports, in a recent number of the *New York Medical Record*, two cases in which symptoms of poisoning followed the administration of antipyrin and nux vomica, one given shortly after the other. One case proved fatal, the other recovered. To both patients he had previously given antipyrin without bad effect. The dose in the fatal case was fifteen grains of antipyrin and three drops of tincture of nux vomica. The child was ten years of age.

We have received a copy of the new journal published in Jena, the *Centralblatt für Bacteriologie und Parasitenkunde*. It is edited by Dr. Uhlworm, in Cassel, and with him is associated a galaxy of scientific workers. Prof. Ramsay Wright, of Toronto University, is among the number.

The *Microscope* will be found a most useful periodical for all those interested in microscopic work. It is a monthly journal published in Detroit. The editors are Drs. W. P. Manton, George Duffield, F. W. Brown and C. G. Jennings.

Owing to the fact that the American Medical Association holds its annual meeting in Chicago, early in June, the meeting of the Michigan State Medical Society will take place on the 12th and 13th of May.

Medical Societies.**TORONTO MEDICAL SOCIETY.**

JANUARY 6th, 1887.

The President, Dr. McPhedran, in the chair.

PATHOLOGICAL SPECIMENS.

Dr. Temple showed the uterine appendages, removed on account of purulent salpingitis of both tubes. The patient, aged 33, had been married 11 years, was never pregnant, and began to suffer one year after marriage. During the last year she was almost constantly confined to bed, as any exertion caused severe pain in the pelvis, lasting several days, probably due to circumscribed peritonitis. The patient was thin, and the abdomen was enlarged equal to the fifth month of pregnancy. On examination the uterus was found to be pushed forwards and upwards, so that the cervix could be felt with difficulty behind the pubic symphysis. The Douglas cul-de-sac was filled with a fluctuating mass. The right tube could be accurately mapped out by bimanual palpation; the left could not be so well outlined.

On opening the abdomen, the mass presented the appearance of a fibro-cyst. The structures were greatly matted, the adhesions being separated with difficulty. The right tube burst during separation and about 3viij of pus escaped into the peritoneum. The right ovary was removed—the left could not be found. It had probably become absorbed from pressure. The patient made satisfactory progress, the temperature not exceeding 101°F., usually varying from 99° to 100°.

Dr. Ross exhibited a placenta from a case of twin pregnancy in which the cords, which were attached to the placenta very close together, were inextricably knotted. Death of both fetuses had occurred, evidently some days before birth. One of the children was hydrocephalic, and it was found necessary to puncture the head before delivery could be effected.

Dr. McPhedran read a paper on

GASTROSTOMY,

which appears in full in another part of this number of the PRACTITIONER. The specimen was also presented.

JANUARY 13th, 1887.

The President, Dr. McPhedran, in the chair.
Dr. Graham read a paper on

ARSENIC IN THE TREATMENT OF SKIN DISEASES.

He first considered the negative aspect of the subject, quoting Drs. Fox, Hardway and others as holding the opinion that in *some* forms of skin disease, principally those of an inflammatory nature, arsenic was not simply useless but positively harmful.

From the positive point of view, the writer of the paper dealt with the effects of arsenic on the skin in causing degeneration and partial dissolution of the protoplasm of the cells. The epidermis separates and desquamates, and the cells of the Malpighian layer are loosened and separated from one another; in short, arsenic causes a mild inflammation of the skin, hence, it is contra-indicated in acute affections. In small doses it beautifies the complexion, but if given freely it may cause a brown discoloration; bullous eruptions have also been attributed to the use of arsenic.

Part of the beneficial action of arsenic may be due to its action as an oxygen-carrier, arsenious acid having the property of absorbing oxygen to form arsenic acid, and then returning to its original form by giving up the oxygen.

The author had found arsenic to be very useful in psoriasis guttata, not so good in psoriasis diffusa, and positively harmful in the congestive form of this disease.

In eczema it is not of such general use, as it is injurious in acute cases, though it is of some service in the chronic forms with scaling. Though children bear comparatively larger doses of arsenic than adults, they are more liable to pneumonia and bronchitis from its use than adults. When the eczema is malarial in origin, the arsenic may be given with much benefit and in more acute cases.

Hutchinson reports 26 cases of pemphigus chronica cured by arsenic. It is, however, useless in the foliaceous form of this disease. It is useful in chronic urticaria and erythema nodosum. Benefit will follow its use in alopecia following typhoid fever and syphilis, but not in alopecia areata. Acne indurata is benefited. In the malignant diseases of the skin,

such as multiple sarcoma and epithelioma, arsenic is very useful, especially in the form of Donovan's solution.

Discussion.

Dr. Reeve had found arsenic useful in the furuncular habit in patients so affected.

Dr. Sweetman had used it with marked benefit in two cases of keloid.

Dr. Ghent related a case of psoriasis of nine years' standing which had been cured by giving a course of brisk purgatives, extending over a period of three weeks, and followed by a tonic of ferri carb. and port wine. Pot. chlor. was also given freely. The external treatment consisted in a wash of pot. carb. to dissolve the crusts, followed by the application of thick rice water, which formed a thin wax-like or gelatinous layer which excluded the air. Complete cure took place in about two months.

Dr. MacMahon read a paper on

THE ALCOHOL QUESTION.

Scientists of the present day rank alcohol among the starches and sugars as a heat producer. He claimed for it great usefulness for convalescents, for anæmic persons, for those whose digestive powers are below par, and also for those who are subjected to a large expenditure of nerve-force. No bad effects follow its moderate use. Alcohol-drinking nations are characterized by more intelligence, and better physical development, than are nations of total abstainers. To combat the evils of intemperance the fermented beverages, as light wines and beer, should be substituted for the distilled liquors. Adulteration should be prevented, and the condition of the lower classes ameliorated. Above all, he believed in acting on the moral natures of men to induce them to abstain from over-indulgence.

ETHEREAL SOLUTION OF SULPHUR.—Dissolve 10 grains of washed sublimed sulphur in rectified sulphuric ether, aiding solution by placing the bottle in hot water. Twenty-five or thirty drops in half a wine glass of sweetened water, the glass filled with seltzer water, were taken. This formed Dr. Roux's celebrated cholera remedy in Paris in 1849 and 1852.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, Nov. 19th 1886.

J. C. Cameron, M.D., President, in the Chair.

Dr. Major exhibited the following cases taken from his clinic for

DISEASES OF THE NOSE AND THROAT,

at the Montreal General Hospital:

1. *Complete paralysis of the right vocal band*, the result of pressure exerted by a fibroid on the right recurrent laryngeal nerve. The patient, aged 47, a painter by trade, applied for treatment. On examination, the right vocal cord was found in a state of complete immobility, and occupied a position midway between that of full inspiration and phonation. A blue line on the gums and abdominal colic pointed also to lead poisoning. This latter complication, however, in no way nor at any time influenced the laryngeal condition.

2. *Early Laryngeal Oedema (tuberculosis)*, with no recognizable pulmonary infection. The patient, aged 50, applied for relief of dyspnoea and a barking, choking cough. Oedema of the left arytenoid body alone was present, the swelling was grey in color and of the size of an acorn, and interfered with voice production and deglutition. After a lapse of a couple of weeks a similar condition developed in the right region. Some days later the epiglottis showed signs of swelling and thickening, and later on pulmonary signs became apparent. The lactic acid treatment was adopted, and local improvement followed. The condition of the chest would lead to the opinion that temporary arrest of the disease had taken place there also. The gradual development and extent of the oedema and subsequent lung signs are the interesting features of the case, as was also the general improvement under purely local treatment.

3. *Three cases of Laryngeal Papillomata.**

PERFORATION OF THE GALL-BLADDER.

Dr. W. G. Johnston gave an account of an autopsy he had performed for Dr. R. P. Howard. The abdomen was found distended, panniculus and omental fat excessive. The abdominal cavity

* Vide writer's paper, "Rest and Tracheotomy," *Canada Medical and Surgical Journal*, December, 1882.

contained several quarts of thick sero-fibrinous fluid mixed with bile, and of a deep brown yellow color, not foetid. Near the neck of the gall-bladder a small orifice was found, through which thick greyish-brown bile was escaping. On opening the gall-bladder this orifice was valvular in character, its size that of a No. 4 sound, and it corresponded to a spot where the mucosa was eroded and the walls thinned. Elsewhere the walls of the gall-bladder are flaccid, somewhat thickened and firm, and contained about an ounce of bile mixed with muco-pus. Its cavity was divided into three sacculi by the contraction of fibrous tissue in the wall. The middle one of these contained a gall-stone the shape of a bean, and about the size of a pigeon's egg; close beside this is a spot where the wall has been eroded, but was secured against the surface of the liver by inflammatory fibrous tissue. In a pocket near the perforation, but not corresponding to it exactly, was a small gall-stone the size of a pea. The cystic and common ducts were thickened. Just at their junction, lying really within the cystic duct, but partly obstructing the common duct by its pressure laterally, was a gall-stone the size of a pigeon's egg.

Dr. Howard, in reporting the case, said its clinical features were of unusual interest. It was a case of acute general peritonitis from perforation of the gall-bladder in a man aged 65. The patient was in good health at the beginning of the month. After four days of epigastric pain, never very severe, the patient became jaundiced. Next day there was vomiting; pain in the epigastrium became more marked, especially in the region of the gall-bladder. There was no very marked tenderness on pressure, but pain and symptoms of peritonitis extended over the entire abdomen. Pain was not sufficient, however, to necessitate an opiate. The temperature on the morning of the sixth day was 100.8° and 99.5° at night; on the seventh day, 100.6°; eighth day, 100°; and ninth day, 98.8°. The abdomen gradually became enlarged and tympanitic, but still no severe pain. After the third day jaundice gradually increased. The diagnosis was very obscure. Cancer could be excluded; and as there was no history of gall-stones, a diagnosis of peritonitis spreading

from the gall-bladder was made. It was strange that the escape of so irritating a fluid as the contents of the gall-bladder should have caused no collapse or severe pain. No perforation was diagnosed. It is an important question for consideration whether surgical interference in this case would have availed anything. The gall-bladder was so deeply imbedded in old adhesions that it would be hardly possible for a surgeon to have reached it. The gradual invasion of the symptoms was probably due to the slow oozing out of the contents of the gall-bladder.

Dr. Johnston thought it difficult to say whether the disease originated primarily in stomach or in pancreas. No definite ulcer or nodule, looking like a starting-place, could be discovered. The surrounding infiltration might afford some clue, as this infiltration was much more directly continuous with the growth in the pancreas than with that in the stomach.

CANCER OF OESOPHAGUS.

Dr. Ross showed an oesophagus, the seat of malignant disease. The symptoms during life were marked and gradually increasing difficulty in deglutition. The stricture admitted a No. 3 bougie. There was no marked emaciation. The patient had died suddenly and unexpectedly, death being due to the bursting of a cerebral abscess. There were no symptoms of brain disease.

Autopsy by Dr. Johnston.—Epithelioma of oesophagus, forming ulcerated surface five inches long. Calibre of gullet not much narrowed. In brain, an abscess was found just above the roof of right lateral ventricle, at its anterior and external part, anterior to the motor area. This had burst into the lateral ventricle. Abscess appeared chronic in nature; did not appear to be connected with the cancer.

STATED MEETING, DEC. 3rd, 1886.

J. O. Cameron, M.D., President, in the Chair.

CASE OF LEUKÆMIA.

Dr. Stewart showed a man, aged thirty-two years, who is suffering from enlargement of the cervical, axillary and inguinal glands.

The patient, who is a farmer, first noticed a swelling under his left lower jaw nine months ago. The glands along the sterno-mastoids and above the clavicles are very much enlarged. The swelling is painless, and in some parts has a semi-fluctuating character. Several glands in both axillary regions are the size of hen's eggs. The groin glands are much enlarged also. The patient also complains of weakness, with palpitation and breathlessness on exertion. He is decidedly anæmic. He never had any previous illness. Has lost three sisters from pulmonary consumption. There is no evidence of enlargement of the bronchial or mediastinal glands. His breathlessness can be accounted for by his anæmia, and the pressure exerted by the enlarged cervical glands on the trachea. There is no enlargement of the thyroid glands or tonsils. No pain, tenderness or swelling over any of the bones. *Blood*—Dr. Wyatt Johnston kindly undertook the examination of the blood. It is as follows: "Red corpuscles are well formed, uniform in size, and nummulate normally. White are considerably increased in number. There are numerous small colorless cells (blood plaques?). On staining the blood (Ehrlich's hæmatoxylin eosin method), the leucocytes are seen to be mostly small, and with mono-morphic nuclei. A very few eosinophile cells and one or two nucleated red corpuscles noticed, but both these elements are very infrequent. By Gowers' hæmocytometer red cells, 3,570,000 per c.m. (71 per cent. of normal); white cells, 200,000 per c.m. Proportion of white to red, 1 to 20 (an increase absolutely of 13 times and relatively of 15 times the normal). Hæmoglobin index 58 per cent." *Spleen*—There is considerable increase in the size of the spleen, its vertical dulness extending from the upper border of the ninth rib downwards a distance of five inches. Its surface is smooth. *Liver* is also somewhat enlarged, its vertical dulness (in the line of the nipple) reaching from the fifth rib to two inches below the ribs, a distance of six inches. During the last two or three weeks he has been complaining of a dull, aching pain over the lower part of his back. There is no pain or œdema of the lower limbs. Nothing abnormal to be detected in the abdominal cavity.

CASE OF LEPROSY.

Dr. Shepherd exhibited the case, occurring in a man aged 19, a native of Trinidad. He had a well-marked tubercular eruption on the face and hands, and a copious macular eruption on the legs and buttocks. The maculæ were of the size of ten cent pieces, of a bronzed color, and showed some infiltration. The fingers of both hands were crooked and swollen, and patient could not use them. The claw-like appearance of the hands was very marked. Large bullæ were seen on the hands and wrists, which, when evacuated, left troublesome ulcers. The patient's face was very characteristic of leprosy, the thickened tissues, dull expression, and tubercular nodules, also loss of eyebrows, and injected conjunctiva, gave the individual an appearance *sui generis*. There were also a number of anæsthetic patches, viz., on the inside of each thigh with atrophy of the skin on right elbow, and on dorsal surface of finger and toes. The anæsthetic patches have only appeared within the last year. The right ulnar nerve could be easily felt, and was slightly enlarged. The mucous membranes were not affected. The patient had been in this country four years, and had been treated for syphilis; he came to Canada by the advice of physicians who thought his disease would improve in a colder climate. He was affected with the disease two years before he left Trinidad; the eruption was then principally on the chest, and disappeared with the use of chaulmoogra oil internally and externally. He said the disease is common in Trinidad, and exists chiefly among the Portuguese. There was no history of leprosy in his family. Dr. Wyatt Johnston had excised one of the tubercles on the nose and had obtained from it the bacilli of leprosy in abundance, a beautiful preparation of which was shown.

CASES OF CANCER OF PYLORUS.

Dr. Johnston showed two cases. The first was from a woman aged 49, a patient of Dr. T. A. Rodger.

DILATED STOMACH.

Dr. Bell reported a case of dilatation of stomach caused by fibrous constriction of an inflammatory origin at pylorus. An abscess

filling lesser omentum had burst and caused fatal general peritonitis. It communicated with the stomach through an ulcer in the pylorus. He thought the disease began as the result of an injury to abdomen received in a fall eighteen months before, and that the patient's life would have been saved by an operation proposed to him, but refused.

BIFID MECKEL'S DIVERTICULUM.

Dr. Johnston showed a case of Meckel's diverticulum ilei having a bifid extremity. He did not know of its having any anatomical significance.

Dr. Shepherd stated that this was the first example he had seen of a bifid Meckel's diverticulum.

EXTREME DILATATION OF THE HEART.

Dr. Johnston also exhibited a specimen of extreme dilatation of the right side of the heart, from a man aged 40.

PUERPERAL CEREBRAL EMBOLISM.

Dr. Ross exhibited specimens from a case in which an abortion was followed three months ago by embolism of left Sylvian artery, causing right hemiplegia with aphasia. A presystolic murmur existed. The autopsy by Dr. Johnston showed extensive warty vegetations, but no sclerosis of mitral valve. The left Sylvian artery was obliterated and transformed into a fibrous cord. There was softening of the left corpus striatum and internal capsule.

TUBERCULOUS DISEASE OF BLADDER AND KIDNEY.

Dr. Johnston exhibited for Dr. Bell specimens from a case, a boy aged 19, where a cystotomy wound had remained unhealed.

TAIT'S OPERATION.

Dr. Wm. Gardner exhibited the uterine appendages removed from two patients during the past three weeks. In the first case the ovaries were cirrhotic and densely adherent behind a retroflexed uterus. Free bleeding followed the separation of the adhesions, treated by the drainage-tube. The patient had been an invalid for fourteen years from pelvic pain and profuse and painful menstruation, with severe headaches. She is slowly recovering. In the second case both ovaries were enlarged and cystic, the left the size of a hen's egg; no ad-

hesions. The symptoms were profuse and painful menstruation and constant pelvic pain. Patient recovered without a single bad symptom. In both cases the abdominal incision was an inch and a half in length only.

HURON MEDICAL ASSOCIATION.

Jan. 11th, 1887.

Dr. Campbell, of Seaforth, the retiring president, in the chair.

Dr. Graham, of Brussels, presented a patient with a floating kidney. The patient was a young married woman, who just commenced to suffer from the symptoms incident to this abnormal condition of things after a severe labor.

Dr. Campbell presented a patient with ichthyosis. The following history was given: The disease first showed itself when the patient was four months of age—he is now twenty years old—commencing as a small spot on the right of the forehead, and from this point gradually extended over the whole body; he is able to work but suffers considerably during the winter, especially about the face. On account of the stiffness of the joints he walks like an old man. He was recommended to go South, to use alkaline baths, weak tar ointments, tonics and cod liver oil, and anoint his skin with indifferent ointments. Dr. Hannover, of Seaforth, pertinently discussed the subject and made several suggestions.

Dr. Worthington presented a case of chronic ulcers in the leg, treated with benefit by iodoform ointment, oiled silk, and the Martin bandage.

Dr. Smith reported a case of carcinoma of the pylorus, in a man aged 54. At the autopsy the stomach was found to be enormously dilated, gall bladder perforated by ulceration, and evidence of old peritoneal inflammation. The patient had been suffering from what was called "dyspepsia" for eleven years, confined to bed for the last four months. The cause of death was inanition owing to the high degree of pyloric stenosis. Dr. Elliot, of Brucefield, demonstrated microscopic sections of the tumor which he had prepared.

Dr. Nichol, of Bayfield, gave an interesting

description of a case in practice which ended fatally; he was not afforded the opportunity of making a *post mortem* examination. The spleen was greatly enlarged, reaching, a short time before death, to within an inch of the pubis. He had found the blood rich in white corpuscles, and considered the case to be one of leukæmia. Dr. Graham, of Brussels, in discussing the question, mentioned a case in his practice where there was an abdominal tumor which closely resembled an enlargement of the spleen, but was ascertained to be sarcoma of the left kidney.

Dr. Elliot then spoke of the manner in which he caused the uterus to contract and expel its contents, in a difficult abortion case, namely, by injecting water as hot as could be borne into the posterior cul-de-sac—a procedure which he had heard recommended in Edinburgh.

The election of officers for the ensuing year then took place:

Dr. Graham, President; Dr. Young, Vice-President; and Dr. Smith, Secretary.

Book Notices.

A Novel Procedure for the Removal of Subglottic Laryngeal Growths. By W. C. JARVIS, M.D. Reprinted from the New York *Medical Journal*.

A Text-Book of Medicines. For Students and Practitioners. By DR. ADOLPH STRUMPELL. New York: D. Appleton and Co., Bond Street, 1887.

A review of this most excellent work, which is the best known text-book in the German Medical Schools, will appear in our next number.

Vick's Floral Guide. The Illustrated Floral Guide for 1887, published by James Vick, of Rochester, N.Y., the well-known seedsman and florist, is out in its usual elegance and completeness. The lithographic plates are very pretty and very natural. We have found Vick's seeds all that is claimed for them, and can cordially repeat our favorable commendation of former years, though this is scarcely necessary when the reputation of a firm is so well established all over the American continent.

Diseases of Digestion, Urinary, and Generative Organs. Illustrated by one hundred and six fine engravings. Being Volume II. of the Handbook of Practical Medicine. By DR. HERMANN EICHHORST, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. This is Vol. VI. of Wood's Library for 1886. New York: William Wood & Company.

Of this admirable work it has been our privilege to speak most favorably in our notice of Vol. I., and we have only to say that the second volume is in keeping with the first in excellence. The work will be found a reliable guide to practice, and useful both as a concise text-book for student and work of reference to the busy practitioner.

The Genuine Works of Hippocrates. Translated from the Greek, with a Preliminary Discourse and Annotations. By FRANCIS ADAMS, LL.D., Surgeon. Volume II. Being Vol. VII. of Wood's Library for 1886. New York: Wm. Wood & Co.

We noticed Vol. I. of the *Works of Hippocrates* some months ago, and should have acknowledged the receipt of Vol. II. with our usual promptness, but by an oversight it has been, we regret to say, omitted. The profession everywhere must feel greatly indebted to Messrs. William Wood & Co. for publishing the works of this grand old man of ancient times in their Library for 1886. It will surprise many to find how varied was the knowledge of medicine possessed by the ancients, and to how close an approximation to much of the knowledge of the present day Hippocrates had attained.

Transactions of the Michigan State Medical Society. Twenty-first Annual Meeting, held at Jackson, June 9th and 10th, 1866. Detroit: John F. Eby & Co. 1886.

These *Transactions* are a credit to the profession of the State of Michigan, and set an example worthy of emulation. The papers are practical and brief, and the descriptions correspondingly interesting and able. The Committee on Publication, of which Dr. Geo. Duffield, of Detroit, is chairman, deserves great praise for the manner in which they have performed their work. It would be impossible for us to refer to all the excellent papers published, and we

must refrain from making what might seem invidious selections. Why cannot the Ontario Medical Association follow the example of Medical Societies of many of the States of our neighbouring Republic, and issue an annual volume of proceedings and papers that would compare favourably with those of any Medical Society? It would certainly tend to improve the character of the papers read and the discussion thereof, if an annual volume of the proceedings of the Association were published in an economic manner. Surely Ontario can do what Michigan has done.

Hand-book of Diseases of the Ear. By URBAN PRITCHARD, M.D. (Edin.) Philadelphia: P. Blakiston, Son & Co., 1886. 207 pages.

This is a work which we have read with much pleasure. The author intends it only as a hand-book for students and general practitioners, and it is wonderfully well adapted for those who only wish a general insight into affections of the ear without having the leisure to wade through the more copious works on the subject. The various diseases are, generally speaking, treated in a manner concise, yet interesting and sufficiently full. The chapter on the measurement of the hearing power as a whole is very good, although the tuning-fork test for the internal ear seems to us a trifle complex and requiring much practice to be of use. Rinne's method answers pretty well the same purpose, and is much simpler. The subject of non-proliferous (or adhesive) catarrh of the middle ear has been too briefly dealt with, considering how common the affection is. The author seems to have included this to a great expert with simple chronic non-suppurative catarrh. The author's results of this treatment of ruciner's disease are much better than one is generally taught to expect.

Gout and its Relations to Diseases of the Liver and Kidneys. By ROBSON ROOSE, M.D., F.O.S. Third edition. London: H. H. Lewis, 136 Gower Street.

Although we meet with but few cases of

typical gout in this country, yet we are confident that it often exists in a suppressed or modified form, and remains undetected. Many diseased conditions of the digestive organs, of the bronchi, and of the skin, are due to a gouty diathesis, and can only be successfully treated when such causation is thoroughly understood.

In the work before us little attention is paid to the typical form which is easy of diagnosis, and the larger part is devoted to a description of the more obscure and modified manifestations of the disease. The author has had great practical experience in the diagnosis and treatment of the malady, as is evidenced in every page of the work. We would strongly recommend its perusal to the general practitioner. We are confident that a thorough study of this diathesis will lead to more intelligent and successful treatment of a class of affections larger than is generally supposed, which are the result of hereditary gout. In the discussion of that vexed question, the nature of gout, the author gives the following propositions: (1) Uric acid in the form of sodium urate is the *materies morbi* of gout. (2) The deposit of the sodium urate in the joints is the cause of the gouty inflammation. (3) This substance is produced in excess, as a result of the imperfect transformation of albuminous substances. (4) This imperfect transformation is for the most part due to functional disorder of the liver, or to excessive supply of nutritive materials, or, as often happens, to a combination of these causes. (5) So long as the excess of uric acid is eliminated by the kidneys, decided attacks of gout may be absent; but the symptoms above described, as pertaining to the uric acid diathesis, are liable to be present. (6) The kidneys are apt to become secondarily affected, owing to the irritation set up by excess of uric acid and other products of defective metamorphosis, and by deposits of urates. Primary disorder of the kidney is not a necessary factor in the production of gout. (7) In the majority of cases of chronic gout, increased production of uric acid is associated with defective elimination by the kidneys. (8) The symptoms of nervous disorder in gout are due to the action of the *materia peccans* on the nerve centres.

Miscellaneous.

NÆVUS.—Dr. W. J. Beatty (*Brit. Med. Jour.*) has cured eight cases of nævus, perfectly and painlessly, by painting the affected spot night and morning with liquor arsenicalis until ulceration took place. A cure is effected in from three to five weeks.

Careful measurements of 70 human skeletons have shown the lower limbs to be equal in only seven. It appears that a person's legs may differ in length from an eighth of an inch to an inch and five-eighths, without any deformity being recognizable.

The physician who does not know the historical basis and foundations of his science, floats around without helm or compass in the current opinions and treatment of the day. Only the study of history makes him independent and free, by protecting him from a partial enthusiasm for the present as well as from idolatry of the past.—*Baas.*

Scott & Bowne, manufacturing chemists of New York, make a specialty of producing an emulsion of cod liver oil with hypophosphites. Their great care in selecting the oil and in making the combination is amply proven by the high therapeutical value set upon the emulsion by the profession. It is no new remedy but has been steadily growing in demand for a number of years. It is certainly very useful in restoring wasting tissue, and in cases of scrofulous children it acts almost as a specific. They also offer a Buckthorn Cordial which is highly useful in the treatment of constipation.—*Massachusetts Eclectic Med. Journal.*

ALIMENTATION IN DISEASE.—Hand in hand with the medical treatment which is to combat disease goes reconstruction of wasted tissues, and, as meeting the latter requirement, we note that, both in Britain and America, Malt Extract is being more fully appreciated as furnishing at once a vehicle and valuable adjuvant. By general consent of the jury (composed of the best chemists of Europe), at the International Health Exhibition in London, Maltine received the highest award of merit

in this class of preparations. The superiority of this unique preparation consists in its combination of the valuable products of three grains—wheat, oats, and barley. The comparative values of Maltine and the ordinary Malt Extracts are fully set forth in analytical reports by various eminent chemists, which have been collected and published by the Maltine Manufacturing Company (10 Colborne Street, Toronto,) and which may be had on application—as well as samples of their preparation.

A CERTAIN CURE FOR CORNS.—A Berlin gentleman, very much troubled with corns, saw in a paper an advertisement of a certain cure for them, application, inclosing 1 mark 10 pf. in stamps, to be made under cover to A. X., Post Office, Geneva. The gentleman not unnaturally made application, and, in the course of a few days, received the reply, which we have feebly striven to give in English:—

(Have you large corns upon your toes,
So that with pain you sweat, Sir?
Then take a saw and saw off those
On which your corns are set, Sir.)

—*Medical Press.*

A REMARKABLE MOTHER.—A Boston physician was called out of a sound slumber the other night to answer the telephone. "Hello! what is it?" he asked, little pleased at the idea of leaving his comfortable bed. "Baby is crying, doctor; what shall I do?" came across the wire. "Oh! perhaps it's a pin," suggested the doctor, recognizing the voice of a young mother, one of his patients. "No," was the reply, "I'm sure it can't be that." "Perhaps he has the colic," returned the doctor, with well simulated solicitude. "No, I don't think so," replied the anxious mother; "He doesn't act that way." "Well, then, perhaps he is hungry," said the doctor, as a last resort. "Oh! I'll see," came across the wire; and then all was still. The doctor went back to bed and was soon asleep again. About half an hour afterward he was again awakened by the violent ringing of the telephone bell. Jumping out of bed and placing the receiver to his ear, he was cheered by the following message: "You are right, doctor; baby was hungry."—*Chicago Living Church.*

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TORONTO, MARCH, 1887.

Original Communications.

CONGENITAL CYST OF LEFT LOIN: OPERATION: RECOVERY.

BY WILLIAM GARDNER, M.D.,

Professor of Gynæcology, McGill University; Gynæcologist to the
Montreal General Hospital.

S. M., aged 28, unmarried, was sent to me from Ottawa, on the 14th Dec., 1886, by my friend Dr. H. Beaumont Small, with the following history:—She had always had a large abdomen: her mother asserts that this was the case from infancy, but until a week previous to my first seeing her, her health had been perfect and she had always been fit for her duties as a domestic servant. The abdominal enlargement had been so marked, increasing of late, that she had often been suspected to be pregnant. Of this there was not the slightest evidence in the abdomen or genitals. Six months ago she came from England, and had been constantly at work in Ottawa as a chambermaid, till about the 8th of December, when she was suddenly seized with severe abdominal pain, rapidly increasing enlargement, chills and fever, perspirations, vomiting and loss of appetite. These symptoms had lasted for a week. When she appeared in my office she looked pale and thin, appeared to be very ill, and complained of lancinating pain in the left hypochondriac and lumbar regions; temp. $101\frac{1}{2}^{\circ}$, pulse 100; the tongue furred and dry. On examining the abdomen, it was found to be distended on the left side from the margins of the lower ribs

down to near the pubic bone, by a tense elastic and very sensitive tumor which extended some distance to the right of the median line. It clearly extended backwards to the loin, where the elastic fluctuation could be distinctly felt when the tumor was manipulated. Dulness on percussion existed in an area corresponding to the most prominent portion of the tumor, and also in the loin and most of the lateral areas, but resonant bowel note was most distinct in some portions.

Hymen ruptured; uterus retroflexed with a tender mass beneath it, felt through the posterior *cul de sac* of the vagina. No part of the elastic abdominal tumor could be felt by vaginal examination. Urine healthy, no bladder symptoms now or at any previous time. Menstruation always regular. The last period, two weeks ago; had ceased previous to the advent of the present symptoms. On the evening of the 15th the temperature rose to 104° ; but on the following evening it was only 100° . The diagnosis being obscure, and the condition grave and demanding prompt action, I decided to do an exploratory abdominal operation, and deal as might seem best with whatever might be found.

Operation on the 17th of December, Dr. Jas. Bell assisting; Drs. Roddick and Ross also being present. Median incision of $1\frac{1}{2}$ inches from umbilicus downwards. On getting through the peritoneum, and raising the non-adherent omentum, the transverse and descending colon and meso-colon were found projected forwards by what was now clearly seen to be a retro-

peritoneal collection of fluid. It was, however, at once obvious that it could not be advantageously dealt with through the median incision, which was at once closed. To make sure of the nature of the contents, a fine aspirator needle was now passed into the tumor from the loin behind. A dark brown fluid containing numerous iridescent crystals at once appeared.

I next made an incision $1\frac{1}{2}$ inches long over the most prominent part of the enlargement, on a level with, and three inches to the left of, the umbilicus. On exposing the tumor, a long curved trocar was plunged into it, and 70 ounces of fluid withdrawn. The trocar opening was enlarged sufficiently to admit the finger. Its edges were stitched to the edges of the abdominal wound, and a glass drainage-tube inserted to the bottom of the cyst. The fluid, on standing, deposited a thick greyish-white sediment, which the microscope shewed to be pus, with cholestearine crystals. The subsequent course of the case was toward recovery, absolutely without interruption. All pain and fever disappeared from the moment of the operation. The cavity rapidly shrank and secreted only a little thin purulent fluid, which was removed through the tube by a Lawson Tait's sucker. The glass tube was replaced in a few days by one of rubber, which was gradually shortened as the cavity contracted, and was still kept in the opening when the patient was discharged from hospital on the 14th January, 1887, twenty-eight days after the date of operation. The history and clinical characters of the dense thick-walled cyst and its contents leave, I think, no room for doubt that it was congenital; while the sudden onset of the acute symptoms can be explained only by the advent of inflammation and suppuration. Such cysts are, without doubt, very rare. The point of origin of the cyst was clearly in the neighborhood of the kidney; but there were no evidences of involvement of that organ. There was no history of any injury which might have explained the sudden onset of the acute symptoms. The interior of the cyst, as felt with the finger, was uniformly smooth.

The treatment, so far as the site of election for opening and drainage of the cyst is con-

cerned, is doubtless open to criticism, inasmuch as it involved opening the peritoneal cavity. The opening could have been made by the loin without involving that cavity. I am convinced, however, that the objectors will be found among surgeons with little experience in abdominal surgery, and who are still imbued with the traditional dread, now so fast disappearing, of wounding the peritoneum. As I write, February 7th, the patient is quite well, and a week ago took a situation as housemaid.

CASE OF COMPOUND FRACTURE OF THE SKULL.

BY A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.

(Read at Toronto Medical Society.)

J. B., male, aged 24, has always enjoyed good health. On Oct. 3rd, 1881, while patient was in a state of partial intoxication, he was struck in left temple by a piece of a broken axe-handle thrown from the hand of another person. A wound was thus produced in the scalp a little in front of and above the upper lobe of ear, which bled pretty freely. A medical man, who happened to be near at the time of the accident, cut away a little of the hair and applied some strips of adhesive plaster. The bleeding continuing, I was summoned at 10 p.m., five hours after the blow had been struck. On examination, under chloroform, I found a semi-circular flap of scalp about five-eighths of an inch in diameter, with its free border directed upwards and backwards, in the locality above-mentioned. Its edges were clean-cut, and in the centre of the flap was a small punctured wound. On passing in finger by the side of flap I found a deep wound extending somewhat upwards and backwards through the temporal muscle and skull, the aperture in the latter being apparently considerably larger than that in scalp. Some loose pieces of bone were felt at the bottom of the opening, lying about half an inch below the general level of the surrounding skull. These I attempted to elevate from their bed, but I could get no hold on them, and my efforts in this direction produced rather free bleeding.

Operation.—Having sent out for my friend Dr. Coburn to assist me, the chloroform was

continued, and, after freeing the bone from its coverings, a disk of it was removed by the trephine. Two pieces of loose bone were then easily extracted. They were very thin, and lay well down towards upper part of superior lobe of ear. The pieces of bone elevated and removed were together nearly an inch in diameter. After this was done the flow of blood seemed to cease from the deep parts, and a few minutes compression stopped all oozing from the more superficial portion of wound. As far as could be seen by the rather dim light of a hand-lamp the *dura mater* was not materially injured. A one in twenty solution of carbolic acid was then applied to raw surfaces, and the hair cut closely away for several inches around. A small rubber tube, about one and a half inches in length, was placed in wound and its edges brought together with four or five sutures. Carbolic gauze dressing and bandage firmly applied. At 1 a.m., when I left patient, he was sleeping quietly, the pulse beating at 100.

Oct. 4.—Visited at 9 a.m. He had not slept much and had vomited several times. This had probably caused some renewal of hemorrhage whereby the dressings were pretty well stained. Pulse 92; temp. 98.8°. Wound dressed under spray. The bowels not having moved, a saline cathartic was ordered. Also to have light diet and to be kept perfectly quiet.

9 p.m.—Vomited two or three times to-day. Pulse 84; temp. 99°. Bowels moved slightly.

Oct. 5, 9 a.m.—Slept fairly well. Little or no pain. Dressed again under spray. Pulse 72; temp. 99°.

7 p.m.—Pulse 72; temp. 99.2°.

Oct. 6, 9 a.m.—Had some pain over left side of head last night and did not sleep much. He also still has a feeling of nausea. Pulse 70; temp. 98.6°. As he had had no free action of bowels from saline, a drop of croton oil was ordered every two or three hours till purging occurred.

6 p.m.—Four motions of bowels from one dose of croton oil. Pulse 68; temp. 99.6°. Ordered a mixture of chloral and bromide of potassium for the night. To be taken if restless.

Oct. 7, 9 a.m.—Took half a drachm each of chloral and bromide during night. Slept fairly well. Not so much headache as yesterday.

For the first time there was noticed an inability to express himself readily in words this morning, he being unable to get the names of some of the most common objects, and sometimes calling them by wrong names. Pulse 64, temp. 99.7°.

Oct. 8.—Slept three or four hours without sedative. Pulse 64; temp. 99.2°. Ate an egg and toast for breakfast with relish. Wound dressed. Slightly turbid serous discharge. Wound all healed except at site of tube. Latter shortened. Is quite bright this morning and smiles at the mistakes he makes in conversation.

Oct. 9.—Slept fairly well without chloral mixture. Pulse 64; temp. 98.5°.

Oct. 11.—Eating and sleeping well. Little or no pain. Pulse 68; temp. normal. Seems to experience most difficulty in getting hold of words he wishes to utter on first awakening from sleep.

Oct. 12, 8 p.m.—Wound dressed. Drainage-tube removed. Slight discharge on dressings. Speech is rather better to-day. After a little hesitation he can express himself quite correctly. Pulse 68; temp. 98.5°.

Oct. 14.—Doing well. Pulse 60; temp. 98°.

Oct. 19.—Wound dressed. A very little pus seen. Pulse 62; temp. 98.8°.

Nov. 5.—Dressing renewed for the third time since last report. Probe enters a sinus where tube had lain $\frac{3}{4}$ of an inch in depth, and touches something in its course which feels like a bit of loose dead bone.

Nov. 12.—Wet boracic lint substituted for gauze dressing. Nothing can be felt in sinus to-day, although probe still enters about as far as before.

Nov. 19.—A bit of hard wood, about one-sixth of an inch in diameter, was picked out of sinus near its outlet to-day.

Nov. 23.—Part entirely healed.

Remarks.—This case is chiefly interesting, perhaps, as one more illustration of the fact that the power of speech is in some way intimately connected with the left side of the brain, and, more definitely speaking, with the convolutions in the neighborhood of the island of Reil. I regret that I did not make more observations as to the patient's ability to read and write, but I must admit that it was partly owing to my ignorance as well as, perhaps, to some care-

lessness that I neglected to test his powers in these directions.

It is evident that he had not lost command over the muscles of speech, for he could utter any word he chose when once he knew what word was the appropriate one for the occasion; but he could not always *remember* the name of the object or thing about which he wished to make a remark. When he used a wrong word he seemed, however, fully alive to the fact that he had made a blunder.

The difficulty in expressing himself correctly lasted only for about a week, and did not show itself for the first three or four days after the accident. It was, therefore, probably due to the disturbance of the functions of the nerve-cells by the moderate amount of inflammation which resulted from the injury, and was not caused directly by the blow itself.

I well remember a case that occurred in my youth where a man was thrown heavily on the back of his head and shoulders by a colt which he had just caught in the field. The ground upon which he fell was quite soft, and no bruise was produced which was visible on examination of the parts. He immediately arose, and again seized and haltered the animal. As he led him along he began at once to ask the person who accompanied him how he came to be where he was, and if he had not been hurt in some way. These questions were repeated again and again every few minutes for the rest of the day, he apparently immediately forgetting all about the previous questions and answers. In other respects he conducted himself as usual, and, had it not been for his loss of memory of the events of the day, one would not have known that there was much, if anything, the matter with him. Up to the time of his death, which took place twenty years afterwards, he never could recall anything that happened on that day. It was a perfect blank to him.

As to the propriety of trephining in the case of an injury such as the one above, I think there can be no question. Even though no serious symptoms were present at the first, yet the depressed pieces of bone which lay on the *dura mater* would have been apt to have set up some inflammation in either the latter or the brain, which might have necessitated an operation at

a later period when its success would have been more doubtful than in the case of a fresh wound. We can see no good reason why a compound fracture of the skull should not be treated upon the same principles as one of any other bone, namely, with a view to leaving the parts in the best possible condition to insure speedy recovery, and if loose bits of bone are pressing injuriously upon the soft parts, or are likely to necrose, we should remove them. The use of the trephine to that end we do not consider enhances to any great extent the risks run.

Besides, in the present instance, the fact that there was considerable hemorrhage, proceeding apparently from some of the branches of the middle meningeal artery, rendered it all the more necessary that the depressed bone should be got out of the way in order to find the bleeding point and take the proper means to stop the flow from it. The mere removal of the pieces of loose bone seemed to be followed by the cessation of the hemorrhage, possibly because some vessel which had been but partially lacerated was thereby completely torn across.

In these days of antiseptic surgery, too, the operation of trephining is much more often safely and appropriately undertaken even in cases of simple fractures of the skull than in former days, and when there exists good evidence of compression of the brain, either as a result of depressed bone, hemorrhage, or the products of inflammation, few surgeons would hesitate now in resorting to operation for its removal.

PELIOSIS RHEUMATICA.

BY J. RANNIE LOGAN, M.D., M.R.C.S., ENGLAND,
ARDOCH, DAKOTA.

On Tuesday, Dec. 21, 1886, was called to see Mr. P—— L——, farmer, aged 27, light, florid complexion, married. He gives following history of present attack. Last Saturday night felt soreness in soles of feet and about the ankles, which soon became swollen and erythematous; the soreness gradually advanced to legs and thighs and then to muscles of back, shoulders and arms. On Sunday afternoon about 3 o'clock the characteristic purpuric rash appeared, chiefly on legs and thighs and slightly

on arms. The soreness increased with development of the eruption, and diminished as it began to fade towards Monday morning. On Monday afternoon the fading purpuric spots began to revive and soon again became of a bright scarlet color, extensively covering legs and lower part of thighs, with the former increase of soreness and swelling of wrist and ankle joints. On my first visit on Tuesday, I found him sitting up, but very sore on movement of nearly all muscles. The ankles and wrists were much swollen, with fading purpuric spots on legs and thighs of dark purple color, varying in size from that of a pin's head to a dime, and in places coalescing to form larger purplish patches, though not raised above the level of the skin. The muscles of shoulders and back were very stiff and sore, and in places showed over them large nodes to the size of a walnut, in color and appearance like urticarial wheals. These continued to appear and disappear during progress of the case without leaving any of the discoloration of erythema nodosum. Yesterday when purpuric eruption was at its height an erythematous blush spread over the forearms from the swollen wrists. The occipito-frontalis muscle was sore on movement throughout its extent, and his face showed a greasy seborrheic look, quite different from his healthy appearance. Pulse and temperature were then normal.

Diagnosis—Peliosis Rheumatica.

Treatment—Salicylate of soda, grs. x, every four hours, alternating with

Ol. terebinth.

Acid sulph. arom.

Liquid ergot (normal)..... aa. ʒss.

Mucilag. acaciæ..... ad. ʒvi.

Sig.—Two teaspoonfuls every four hours. Externally a lotion of Hamamelis virg. and Fl. Ext. Belladonna to apply to the legs. Have instructed him to keep a close record of future attacks which I predict daily for some time.

Wednesday, Dec. 22—Called again in the morning and found that the eruption had again revived last night, but the spots are more thoroughly faded than at my last visit, and soreness less in extremities, though now the infra-hyoid muscles are involved and swallowing is difficult. A large bossy node has appeared

on forehead about two inches in diameter and paler than normal skin.

January 21, 1887.—During the month the symptoms have continued to lessen, first the rheumatic pains and swelling giving in. I discontinued the salicylate of soda. In view of the periodicity of the eruption I gave him capsules of 2½ grs. of quinine, to be taken every afternoon at 3 o'clock. These seemed to have a decided influence over the amount of the daily eruption. At this date I find the symptoms have all ceased, though as a precaution he is still taking diminished doses of the turpentine mixture.

Pathology.—This is somewhat obscure. The disease seems clearly to have a connection with rheumatism, and in this man's family there is a history of rheumatism in his mother and brother, though he has never had an attack before. If one inclines to Mitchell's theory of a nervous element in causation of rheumatism, this disease might be explained by a coincident affection of joint centres, with a vasomotor disturbance to account for the purpuric effusion. Knowing the tendency to embolism in cases of rheumatism, some writers attribute the purpuric eruption to hæmorrhagic infarctions of minute cutaneous arteries. As I cannot find that embolism of larger arteries has ever occurred with this disease, as one would expect to be the case in a certain proportion if its pathology were due to embolism only, I would hesitate to accept this theory unless proven by microscopic examination. The marked periodicity in the daily recurrence of the eruption for more than three weeks would suggest a malarial causation, though the locality is free. This would also get support from the fact that the quinine had an influence on the eruption.

Remarks.—When in London I saw some half dozen of these cases at Stephen McKenzie's skin-clinic, and was struck with the tendency of the eruption to keep relapsing for months. Oil of turpentine was the only drug which seemed to have any influence or check upon the eruption. In this case, at least, quinine was beneficial, and might be found so in others. The disease is rare, I believe, on this continent, and I may say was one of the last I expected to meet when I commenced practice on the Dakota prairie.

TREATMENT OF ŒDEMA OF THE LUNGS.

Clinic by Prof. NOTHNAGEL, Vienna.

Œdema of the lungs is a condition which always presents the greatest danger. In very many cases does it lead directly and immediately to a fatal termination; in others, the condition persists for a longer time, the œdema pursuing rather a chronic course, and the patient lying in agony for days. A varied course of treatment must naturally be pursued. The most severe cases are those in which the œdema depends in part on an increased aptitude of the lung-parenchyma to transudation—in part also on weakness of the left ventricle. Formerly in these cases venesection was performed; to day, however, this is not done. In the first place, it is our duty to strengthen the heart. This is accomplished by remedies which are given internally, when indeed the patient is conscious and can swallow, and for that purpose we give those stimulants which act most rapidly, viz., the champagne wines. Champagne has the reputation of being the strongest excitant among the wines; this is, however, not exactly correct: it is not the strongest, but the most rapid and surest in effect. It has been thought that in champagne the actions of the alcohol and of the carbonic acid are united. They are not united, however, but rather the action of one supports that of the other in this way, that the alcohol is more rapidly absorbed. Quincke years ago made experiments in reference to this, and proved that when alcohol and carbonic acid are introduced together into the stomach, the alcohol is thereby more quickly absorbed, and thus is explained the rapid, exciting properties of champagne. Stronger stimulation is produced by the heavier wines, which contain more alcohol; but, although champagne contains much less alcohol than our heavier wines, such as Hungarian, Burgundy, etc., its effect is much quicker, and therefore in cases of œdema it should be given. Secondly, we give strong black coffee with, as a rule, the addition of brandy, rum, or arrak, or we may give internally a few drops of sulphuric ether. In many cases the patients cannot swallow, and then we must try to keep up the heart-power by hypo-

dermic injections. Formerly sulphuric ether was usually resorted to for this purpose, and it is still much used, but I recommend to you as much better, injections of camphor. You can also, as is sometimes done, combine camphor with ether, although I do not consider this very advantageous. There are cases in which one must give several injections, 2—4—5 quickly after one another, because a single one does not suffice. Care should be taken lest, in the use of ether for its primary exciting action, you produce a stupefying and paralysing effect which comes from large doses. I am in the habit of using, in my experiments on the lower animals, subcutaneous injections of ether in order to narcotize them. I make in rabbits 3—6 injections beneath the skin, and they become thereby as completely narcotized as if the ether had been inspired. An analogous result must also occur in the case of man, in whom the stupefying effects must also certainly appear. Therefore, I prefer for stimulation, subcutaneous injections of camphor dissolved in oil of sweet almonds or in olive oil. The solution according to the German and Austrian pharmacopœias is, one part camphor to nine parts fat oil, and sold in the apothecary's under the name of camphorated oil, and of this you have one centigramme of camphor in each Pravaz syringeful. Our object is further to limit the transudations of fluid from the vessels into the lung tissue and bronchi. With this object ipecacuanha, benzoic acid, and other medicines have been recommended, but I know of only one treatment for these cases, and of which Traube was the author. I am not aware that this treatment is much practised. I have, however, published it for years under the authorship of Traube, and have used it in a whole series of cases with good results. I can recommend this treatment to you as the best after the stimulants. It consists in the administration to the patient of large doses of acetate of lead in powder, five centigrammes every $\frac{1}{4}$ — $\frac{1}{2}$ hour, until four or five doses have been given. When the symptoms are abated, we give it every hour or two hours, according as it is required. You are aware that acetate of lead causes contraction of the blood-vessels. A second mode of treatment, which I make use of next to the ad-

ministration of acetate of lead, is the application of vesicants, as you have seen used on our patients, extending from the nipple on one side to that on the other, and from the manubrium to the xiphoid process. You must understand that in these cases it is a matter of life or death, and it behooves us not to play with the case, but to use energetic means. I am not in the habit of prescribing many remedies. My formulæ are limited, but when it is necessary to treat cases with medicines, one must do so methodically: in chronic cases the treatment should be chronic, and in acute cases, where we must exert ourselves, energetic but always with steadiness and consistency. You apply, therefore, a large blister. One cannot say with certainty how this works. It is considered, however, that the reflex nervous action produced by the irritation of the skin causes contraction of the vessels in the lung. Lovén was the first to investigate this matter in the Laboratory of Ludwig, and since that many other observers have given attention to the subject. In reference to this peculiar condition of the vessels and reflexes, we find cases in which, through the irritation of the skin, contraction of the vessels in close proximity, or more remotely, is produced; and again other cases in which dilatation results; and, therefore, it is here probable that a contraction of the vessels takes place through this reflex occurrence, and thereby a favorable effect is produced in cedema of the lungs.—*Wiener Med. Zeitung.*

Selections.

A CASE OF SUDDEN DEATH FROM THE INTRODUCTION OF AN ASPIRATOR NEEDLE.

BY J. C. REEVE, M.D., OF DAYTON, OHIO.

The subject of this report was a man 23 years of age. He had been ill for six weeks under the care of Dr. W. J. Conklin, of Dayton, and latterly had been seen several times in consultation by Dr. J. H. Rodgers, of Springfield, Ohio, a relative. The leading symptoms of his illness had been fever, sometimes ranging up to 103.5°; chills, some of which were severe, but irregular as to time

of recurrence; attacks of vomiting, and right dorsal decubitus. Examination showed enlargement of the liver, which increased notably toward the last, and there was tenderness of the epigastrium and right hypochondriac region. The diagnosis was abscess of the liver. I saw him, in consultation, on the 14th December, concurred in the diagnosis, and gave full assent to the proposition to aspirate the liver. The time of operation was fixed on the following day. At the time appointed Dr. Conklin was engaged with an obstetrical case, and I was requested to operate, and proceeded to do so, Dr. Rodgers and Dr. H. C. Conklin being present. The particular time of operation had not been made known to the patient until after we entered the room. He did not seem at all alarmed, but asked if we would give him an anæsthetic. I told him that the insertion of the needle was too trifling a matter to need that, and as he expressed no anxiety or alarm, we did not resort to any local anæsthetic. He was, of course, feeble from a long and severe illness, but changed his position and assisted in raising his clothing. A point had been selected for the puncture a little over an inch to the right of the median line, and not quite two inches below the margin of the costal cartilages. While there was no bulging at this point, yet it was the seat of more pain and tenderness than elsewhere, and there was dulness on percussion all around. I took a medium sized needle of the aspirator and thrust it in at this point, upward and backward, to a depth of about three inches. As the stop-cock was turned, and I looked to see if pus appeared, my attention was attracted by the heavy breathing of the patient; I looked at his face, saw the head drawn to the left, the eyes turned and fixed, a slight convulsive tremor passed over his features, which bore the plainest impress of death. I found his pulse gone; no movement of his heart could be felt. After a brief interval of entire cessation of breathing, he drew one deep inspiration, which was the last manifestation of life. I should estimate the whole time from the puncture of the needle until he was gone at not over one minute and a half.

A partial post-mortem examination was made

the next day. Upon opening the abdomen the liver was seen to be enlarged, reaching down to the level of the umbilicus. The puncture of the liver by the needle was plainly visible, surrounded by a small patch of ecchymosis. Upon lifting the organ up to remove it, an abscess of the right lobe gave way upon the under side near the centre, from which eight or ten ounces of pus escaped. The heart was, in appearance, healthy. The right auricle was extremely distended, and there was a difference of opinion as to whether its walls, and those of the right ventricle, were not considerably thinner than usual. In texture the organ was somewhat softer than normal, tearing easily. No microscopic examination was made. The valves were normal.

This case is not unique in medical records, yet it is one of deep interest, and especially in regard to the action of anæsthetics. It is useless to speculate upon what might or might not have been done. I cannot, however, abstain from expressing one or two convictions. First, that under full anæsthesia this man would not have died at the time and in the manner that he did. Second, that with *partial* anæsthesia, his death would have occurred as it did, and gone to swell the list of casualties from anæsthetics. He evidently died from inhibition of the heart's action, the impulse being transmitted from the puncture. The mode of death was precisely similar to those which have occurred from tooth drawing under chloroform when movements of the patient, etc., were proof that the anæsthesia was not profound.—*Med. News.*

ON THE TREATMENT OF OBSTRUCTION OF THE TRACHEA AND BRONCHI BY CROUP MEMBRANE AFTER TRACHEOTOMY.

Translated from the Centralblatt für Laryngologie by Dr. McDONAGH.

Pieniaczek, of Krakau, describes two forms of obstruction:—1. The mild form, which is characterized by collections of mucus, etc., set free in the lower part of the trachea by the croupous exudation. Steam inhalations must be used in such cases of collection and drying of the muco-purulent secretions. 2. The severe

form. In these cases false membrane forms in such quantity that the trachea beneath the canula becomes plugged. In larger tracheas, as in older children, the collection occurs at the bifurcation; and in smaller tracheas, at the end of the canula. In such cases are indicated emetics, inhalations of steam, sprays, syringing small quantities of fluid into the trachea in order to excite cough, or irritation of the mucous membrane with a feather. For inhalation Pieniaczek uses biborate of soda, lime water, lactic or boric acid, resorcin, etc., without ascribing special value to any of them, inasmuch as they only excite cough and thereby cause the expulsion of the exudation. If the canula becomes stopped up by the accumulation, it must be removed and cleaned, the separation of the membrane being usually thereby facilitated. If this does not suffice, and symptoms of suffocation appear, mechanical removal is then absolutely indicated. This is best accomplished by means of the soft elastic catheter, which is to be preferred on account of its flexibility. The separation of the exudation from the mucous membrane is made easier by having the end of the catheter cut obliquely. After the introduction of the catheter, the exudation is aspirated and removed, and when necessary, artificial respiration performed. In this way false membrane extending as far as the bifurcation can be removed. If there is extension even into the bronchi, this experiment is insufficient, and then one has recourse to Schroetter's laryngeal forceps. This instrument is introduced into the wound with the blades opening forward and backward, so as to avoid wounding the division between the bronchi. In this way the author has removed croup membrane from the bronchi in a few children, overcome the fatal asphyxia, and saved the patient. In order to determine the point of stenosis, the author uses a long ear speculum, which allows, when the neck is well forced backward, a view of the lower part of the trachea. The deeper the situation of the false membrane, the greater care is required in the manipulation of the forceps to avoid wounding the parts. Artificial respiration must be performed if the dyspnoea continues in spite of the removal of the membrane. Such an experiment is, of course, useless when there are marked evidences of blood-poisoning, and is only to be tried in suitable cases.

INFLUENCE OF CASCARA SAGRADA ON THE DIGESTIVE SECRETIONS.

The virtues which were discovered in cascara sagrada, through the empirical use of the drug, were so pronounced as to attract to it the attention of the physiological experimenters; and although nothing new has been recently advanced, the evidence that the original claims for this tonic laxative were well founded is rapidly accumulating. Dr. Tschelzen, who has studied cascara sagrada experimentally, has arrived at the following conclusions, which he publishes in the *Journal de Médecine de Paris*:

1. Cascara sagrada is efficacious when a prompt cathartic action is looked for.

2. It acts as a purgative only after it has been introduced into the stomach; when injected into the skin or into the vessels, it does not cause an intestinal evacuation.

3. It does not increase the salivary secretion.

4. It causes an increase of the gastric juice which is often continued during the process of digestion; it increases also the biliary and pancreatic secretions.

All these effects have been obtained when the remedy has been introduced into the stomach.

When it is injected into the vessels, animals undergo partial and often fatal collapse. The blood-pressure is rapidly decreased, even after partial dissection of the pneumogastric.

Dr. Thompson has employed the extract of cascara in more than 300 cases, administering a dose of 5 centigrams combined with 10 centigrams of berberis aquifolium, in pill form, in the morning and evening, against habitual constipation. The remedy preserves its activity even when its use is continued through several months.

Dr. Landousk has stated that the laxative effect of the powder of the bark can be obtained with a dose of 25 centigrams, and permanent effects are obtained when this dose is given three or four times a day for a few months.—*Medical and Surg. Reporter.*

Barker's work on *Puerperal Diseases* and Emmet's *Gynecology* have recently been translated into German and published by Abel, of Leipzig.

TREATMENT OF THREATENED RUPTURE OF THE UTERUS BY MANIPULATION AND POSTURE.

BY E. P. DAVIS, M.D., OF PHILADELPHIA.

The following case will serve as a type of some of those in which this serious accident is threatened, and the mode of treatment was found conservative and efficient.

A. B., primipara, a well-formed brunette, aged twenty, had entered the first stage of labor. Abdominal palpation demonstrated that the foetus occupied the right half of the uterus, its back at the mother's right; the feet in the right upper segment of the uterus; the heart sounds heard plainest on the right side below the umbilicus; the head at the symphysis pubis. Upon vaginal examination the frontal suture was found extending obliquely to the left sacro-iliac synchondrosis: the greater fontanelle lay in the centre. The os uteri was permeable for only two fingers. The inspection of the abdomen showed at the upper border of the lower uterine segment and upon the right a well-marked bulging; it was evident that the distention of the uterus at this point was excessive. Meconium was constantly escaping in small quantities; labor pains were regular, but of moderate strength; foetal heart sounds were regular and strong.

The foetal position was evidently strong cephalic extension, and it was probable that operative interference would be necessary: the danger most imminent was uterine rupture.

In the non-dilated condition of the os uteri it was determined to endeavor to secure rotation and spontaneous birth by posture and external manipulation. The patient was accordingly placed upon her left side; an attendant was ordered to sit beside her, and, by gentle manual pressure upon the abdominal projection, aid in rotation; the foetal heart and the maternal temperature were carefully watched; the pressure made was gentle and intermittent. In less than three hours the tumor had become smaller, and vaginal examination showed an improvement in the position of the head. This improvement continued; the labor was tedious, but operative interference was not necessary; and in [about twelve hours from its beginning

labor terminated normally, and the puerperal period was without complication.

In cases of this kind which occur where a trained attendant is not obtainable, a method employed by Betz, and described in the *Wiener med. chirurg. Centralblatt* for Nov. 26, 1886, will commend itself. Betz used a sandbag weighing five or six pounds, which afforded continuous pressure from a broad and perfectly applied surface. This was laid upon the projection formed by the head, and its position changed from time to time as the sensations of the patient indicated. In five hours the natural forces effected rotation, and the labor ended spontaneously.

These simple methods of aiding flexion and rotation at a period of labor when operative interference is difficult and dangerous are certainly worthy of consideration, especially when so serious a complication as uterine rupture is threatened.—*Med. News.*

ANTIFEBRIN.

From the reports in our German exchanges we notice that this new remedy has received an extensive trial, and the results so far seem to indicate that another valuable antipyretic has been added to our resources. Antifebrin is a neutral body prepared by heating aniline with acetic acid, and, when purified by successive crystallizations, it forms a white, odorless powder, with a sharp but not unpleasant taste. It is insoluble in cold water, but soluble in warm water or alcoholic fluids.

Cahn and Hepp, who introduced the drug, have been studying its effects in Kussmaul's wards at Strassburg, and in Nos. 1 and 2 of *Berliner klin. Wochenschrift*, 1887, give a full account of their observations based upon its use in sixty cases. It is given in doses of from five to fifteen grains. Eight grains is the usual dose, and it may be administered in warm water, or in a little alcohol or water, or in capsule. In larger doses it is not poisonous, and from sixty to ninety grains have been taken in the day without any ill effects. Fever patients rarely require more than thirty grains a day in divided doses. It is best to give a single dose of eight grains, to be followed, if

necessary, by smaller amounts, in order to keep down the temperature. The effect is usually manifest in an hour, and, as a rule, there is a reduction of from three to five degrees in as many hours. Sometimes the fall is more rapid, and within two hours there may be a drop of five or six degrees. Copious sweating is almost invariably associated with its action. Chills have not been observed. The drug is well borne by the stomach, and in no case caused nausea or vomiting. The duration of action is variable; but in the acute fevers, after four or five hours the temperature gradually rises again. The administration of smaller doses may check this tendency. In typhoid cases an improvement in the general condition was often noticed after its use, and the mind became clearer. In other instances the patients expressed themselves as more comfortable; and in no case was there the depression which is sometimes seen after the administration of antipyrin or thallin. The pulse is also reduced in frequency, and the secretion of urine increased. The authors doubt if antifebrin has any specific action in typhoid fever, but in acute rheumatism it seems to act like antipyrin, not only on the fever but also on the inflammation, reducing the swelling and relieving the pain.

We can confirm these observations on the use of antifebrin. We have found that it acts promptly in comparatively small doses, is easy to take, and is free from the unpleasant after-effects of some other antipyretics. It is a cheap drug, costing not half the price of antipyrin, and seems likely to prove a valuable addition to the pharmacopœia.—*Med. News.*

SPURIOUS VENEREAL DISEASES.—Mr. Jordan Lloyd, after careful study of the subject, arrives at the following conclusions concerning spurious venereal diseases:

1. That a large number of urethral discharges in the male, although sexual in their origin, are not specific.
2. That many penile sores of sexual origin are neither chancres nor chancroids.
3. That idiosyncrasy plays an important part in the contraction of venereal diseases of all kinds.—*Birmingham Medical Review.*

SELF-ABUSE IN ITS RELATION TO INSANITY.

Dr. E. C. Spitzka, the author of the paper, after citing the views of the classical writers, stated that the question of the existence of a special form of insanity, due to self-abuse and to nothing else, was complicated by the existence of another well demarcated affection known as the insanity of pubescence. The mental diseases due to self-abuse usually occurred at the same period of life as the latter disorder. This fact explained the similarity of many clinical features between them. The question was further complicated by the fact that hebephrenics—sufferers from pubescent insanity—are often addicted to self-abuse, and that thus the features of one disorder may be engrafted upon the other.

The continental authorities do not recognize a special form of masturbational insanity in their tables. Schüle, it is true, speaks of *onanistic insanity* in the sense in which Maudsley uses that term; but he assigns no part to it in his classification, and disposes of it in a few lines. Kraft-Ebing recognizes the vice as an etiological factor, and speaks of such and such forms of insanity on a masturbational basis. He, as well as Schüle, with the majority of recent German writers, follows Ellinger in attributing to the *masturbatory neurosis* a relation to the development of insanity analogous to hereditary and other admitted predisposing and determining factors. I have yet to find any dissent expressed by these authorities from the position taken by Emminghaus, who claims that owing to its casual relationship to widely differing forms of insanity it is not proper to speak, as Skae does, of a special form due to masturbation. This critical remark would seem to be supported not only by the clinical facts accessible to every observer, but also by the confusion existing among those writers who have attempted to define and demarcate such an affection. Skae speaks of a peculiar imbecility and shy habits as characterizing the disorder among the youthful, and suspicion and fear, and scared looks, palpitation and feeble bodies as found in older victims, who gradually pass into dementia. The most distinguished

follower of Skae attributes the following symptoms to that form of insanity of which masturbation is the chief cause and "the chief symptom present," giving "the whole case distinct features." Exaggerated self-feeling, conceited, shallow introspection, frothy, emotional religious notions, and a restless, unsettled state, with foolish hatchings of philanthropic schemes. Luther Bell, who, with Isaac Ray, was among the earliest to attribute special symptoms to insanity caused by masturbation, furnishes a very faithful picture of certain cases, whose particular feature he describes as being a tendency to dementia, a loss of self-respect, a sulky, mischievous, and dangerous disposition, and a subjectively irritable and depressed state of mind. Griesinger, who does not recognize a special form and denies specific characters, admits that the majority of cases are marked by a profound dullness of sentiment and mental exhaustion, by religious delusions and hallucinations of hearing, and a rapid transition to dementia in the event of incurability, which latter is the usual issue.

The effect of masturbation on the mind and nervous system varies according to the age at which it is commenced. Like other agents which are injurious to the developing brain, such as epilepsy, alcohol, and syphilis, its effect is most rapid and serious in younger children, less so in adolescents, and least marked in adults, unless protracted. For very young infants it causes a profound deterioration, manifesting itself in convulsive, choreic disorder, and imbecility. In those who masturbate between the fifth and tenth years the effects seem to be manifested chiefly in brain nutrition. Spontaneity of thought and action is absent with such children; they do not play as their comrades do.

There are a number of other circumstances which modify the development of mental disturbance in masturbators. The age between twenty and thirty-five is pre-eminently the period of somatic introspection. It is at this period, if at any, that the average man begins to think about his bodily condition. In these years men weigh themselves, discover that they have too much or too little flesh, develop slight gastric or intestinal disorders, reflex nervous

symptoms, or indulge to excess in tobacco, in baccho, and in venere, and consequently are on the qui vive for the occurrence of cardiac, renal or venereal disease, or of sexual disability. It is at this period that the results of masturbation are most deeply felt by a large proportion of the victims of that habit. The prevalent tendency of his age and of his associates of the same age carries him into a veritable noxomania. Perhaps also he attempts under lay or medical advice to accomplish coitus, and fails. It is for this reason that we find the larger portion of cases of insanity due to masturbation developing between the twenty-fifth and thirty-fifth year, classified as "hypochondriacal paranoia."—*Dr. Spitzka, on Self-Abuse in Its Relation to Insanity.*

EXCISION OF THE KNEE

In the *British Medical Journal* for January 15, 1887, Herbert Allingham describes a method of excising the knee joint, which he believes to be new, but which really originated with Ollier, of Lyons. As it possesses decided advantages over the ordinary procedures, and as we do not doubt that it will prove to be new to the majority of our readers, no apology is needed for bringing it to their notice.

An incision, carried from two or three inches above the patella, over that bone, and down to the tubercle of the tibia, splits the quadriceps tendon into the synovial pouch above the joint, as well as the ligament of the patella, and the bone itself is sawed into two equal halves. These halves being held out of the way, the crucial ligaments are divided; and, the leg being flexed, the condyles of the femur are pushed forward on the tibia, and a slice of bone removed. The leg being next completely flexed, the internal lateral ligament is carefully separated from the corresponding semilunar cartilage, through which the tibia can readily be carried forward, and a thin layer be removed with a knife or chisel. The entire synovial membrane is then carefully removed, and openings are made for drainage at the postero-lateral aspects of the joint. Should the patella be extensively diseased, it is shelled out of the quadriceps tendon; but if the cartilage be merely eroded, it is re-

moved. If the patella is sound, the halves are sutured together with strongest catgut and the ligament of the patella and quadriceps tendon are dealt with in a similar manner. The skin is united separately, and antiseptic dressings applied.

It will be observed that the fascia lata, the lateral ligaments, and the prolongations of the vasti muscles to the tibia and fibula are not divided, through which the support to the joint, both during and after healing, is much greater than after other methods of operating. Dislocation of the tibia backward, and tilting of the femur forward are prevented, the quadriceps forming a strong antagonist to the hamstring muscles. Finally, progression is greatly improved, as the quadriceps is neither divided transversely nor shortened, as happens when the usual incisions are made.

These are manifest advantages, and certainly entitle the operation to a fair trial. It is certainly well adapted to cases of strumous synovitis, and cases in which the cartilage and bones are not extensively involved. Whether, as Allingham hopes, it will secure a movable joint, the future alone can determine.—*Medical News.*

ANÆSTHETICS IN OBSTETRICS.

Dr. Fordyce Barker, in his paper read before the Medical Society of the State of New York, as reported in the *Medical News*, says:

I may here say that I have long regarded chloroform as the best and safest anæsthetic in obstetrics, and that since 1830 I have used no other.

My reasons for this preference are briefly these:

1. Its odor is to most persons much more agreeable, and it is much less persistent. When sulphuric ether is used, it frequently, at first, produces more or less irritation of the fauces and bronchi and an annoying cough or choking is excited. The effect of this is bad, both on the patient and on the surrounding friends. It excites apprehension which more or less tend to counteract the influence of the agent.

2. The influence of chloroform is much more rapid and a much less quantity of this agent is required than of ether. We are thus saved,

in a majority of cases, the preliminary stage of excitement which the ether produces, and we are able to use the chloroform for each recurring pain, the patient in the interval being comparatively free from the influence of the anæsthetic. Thus, in the aggregate, not only is a much less quantity of the agent required, but the patient is exposed to the dangers from the anæsthetic, if any danger there be, for a much shorter period of time.

3. By chloroform we are able to regulate the degree to which we may desire to carry anæsthesia with a certainty and security that are not possible with the ether.

4. The danger from anæsthesia by ether, where disease of kidney exists, first pointed out by my friend Dr. Thomas Addis Emmet, and now confirmed by several observers, has not been noted by any one as resulting from the use of chloroform.

GONOCOCCI.—The manner in which gonococci give rise to specific urethritis is thus given by Dr. Bockhart ("Monatshft. f. prakt. Dermat"): By the infecting contact the gonococci land upon the pavement epithelium of the fossa navicularis, where they thrive and increase. They then rapidly press downward between the epithelial cells toward the papillæ of the mucous membrane, loosening the epithelial layer on their way through it, destroying some of its cells, and causing many of them to be shed, thus producing little apertures. Within eighteen hours at most the gonococci reach the papillary portion of the mucous membrane. During this process the secretion from the urethra is clear, and contains epithelium and a few gonococci, either isolated or seated upon an epithelial cell. But now the gonococci, by their presence upon the papillary portion of the mucous membrane, induce a reaction on the part of the blood-vessels; white blood-corpuscles escape from them, in which the gonococci increase and form little round heaps. The urethral discharge is now sero-purulent, and consists of pus cells, epithelium, and gonococci. Now the gonococci enter the lymph spaces of the mucous membrane, and press into its deeper layers, increasing rapidly. With this there is a great increase in pus cells,

and the discharge is composed chiefly of them, the gonococci being few and only in the pus cells in the form of heaps. The constitution of the mucous membrane is slowly very much altered by the migration of the pus cells. These take up more and more of the gonococci, and carry them out in the secretion, which then consists only of pus cells with heaps of gonococci, the loss of epithelium having ceased. In the light of these observations, Bockhart does not believe in abortive treatment, as at the time the patient presents himself the infection has gone too far.—*N. Y. Med. Jour.*

THE PURITY OF MID-ATLANTIC AIR.—In the course of an address on the Action of Micro-Organisms on Surgical Wounds, Professor F. S. Dennis, of New York, states that during his last trip across the Atlantic he made some experiments to test the purity of the air about 1,000 miles from land. He employed capsules of sterilized gelatine, and exposed them for fifteen minutes. One capsule was exposed in the state-room upon the main deck of the steamer. Within eighteen hours over 500 points of infection had developed. Two capsules exposed in a similar manner in a cabin on the promenade deck, where the circulation of air was free, showed five or six points of infection each ten days afterwards. A capsule exposed over the bow of the ship was found to be entirely uncontaminated. These experiments are on the same lines as those of Pasteur and Tyndall upon the mountain air of Switzerland, and, so far as they go, they show the germless condition of mid-oceanic air, and also the need for much more efficient ventilation in the state-rooms of even the first-class American liners.—*Medical and Surg. Reporter.*

PUERPERAL DISEASES, GENERAL TREATMENT OF.—Kunge, in *Centralb. f. Gynäkologie*, finds that large doses of alcohol, baths, and full diet of nourishing food, in the treatment of the diseases of child-bed, yields in his hands the best results. The alcohol is the most important of these and must be used in large amounts. The baths should have a temperature of 22 to 24 degrees. This treatment assists the system in resisting the toxic effects of the absorbed mat-

ters. The pulse, as in typhus fever, is improved, the inspirations strengthened, and the appetite increased. Of nine severe cases of septic infection treated in this way only one died. Antipyretics, on the other hand, at most only bring down the fever, and destroy the appetite.—*Archives of Gynecology*.

IODIDE OF POTASSIUM IN HABITUAL ABORTIONS.—The *Vratch* recommends prolonged and systematic internal administration of iodide of potassium to pregnant women disposed to habitual abortion. The proposal starts from the view that "habitual abortion is almost exclusively caused by syphilitic and inflammatory diseases of the maternal genital apparatus and ovum." The author recites the histories of two cases in which there were scarcely any syphilitic symptoms to be discovered, but which, on being put on the iodide, in five-grain doses three times a day, the patients went on to full term and the children were born living. In one of the cases the next pregnancy went on to full term, happily, without further treatment.—*Archives of Gynecology*.

INTRAUTERINE DISINFECTION.—Although the whole medical world has reason to thank Koch for the announcement of his discovery, in 1881, that a solution of bichloride of mercury, of the strength of 1:1,000, was absolutely fatal to the hardest forms of microbes and their spores, and while this antiseptic agent has given brilliant evidence of its efficiency in obstetrics, it has not, unfortunately, shown itself to be the ideal disinfectant, fatal to the infecting parasites, but innocuous to their host. It is now clearly proven that the danger of fatal poisoning after the use upon absorbent surfaces of a solution of the strength already mentioned is by no means slight. Having employed it extensively, and seeing no bad consequences, Carl Braun, of Vienna, recommends that a solution of thymol, also 1:1,000, be substituted for corrosive sublimate in intrauterine injections, not only directly after delivery, when the danger of absorption and poisoning is, of course, greatest, but also later in the puerperium in those cases in which there is decomposition of retained fragments of the placenta, or mem-

branes. In such cases the uterine walls are scraped with a curette, the thymol solution is injected, and a bougie of iodoform is inserted into the cervical canal, this plan of treatment giving the most excellent results.—*Med. News*.

SALICYLATE OF SODIUM IN GONORRHOEAL ORCHITIS OR EPIDIDYMITIS.—Pignoret, of Paris, thus concludes a paper on this subject:

1st. In gonorrhœal orchitis, salicylate of sodium will bring about a diminution of pain in a few hours, and in a longer time it will cause its disappearance.

2nd. It acts well above all in cases that have acute epididymitis.

3rd. When the inflammation of the cord is intense, the remedy will fail.

4th. In the large number of cases treated, the resolution of the swelling commenced very much quicker than in cases submitted to other treatment, and in a week or ten days the cure was complete, leaving nothing but a slight induration.

5th. This medication, then, has the advantage of allowing the patient to get about within a day or two at most. It is simple, harmless, and appears to be superior to all other forms of treatment in this complication.—*Phil Medical Times*.

USE OF NAPHTHALINE.—Coremenos, of Paris, shows that it was employed long ago, in 1843 by Dupasquier, in doses of fifty centigrammes up to two grammes, given in syrup, in cases of pulmonary catarrh. Naphthaline is insoluble in water, and should be triturated for a long time with gum, when it may be given in teaspoonful doses three times a day. Its use as an expectorant is still continued, and outside of its rather disagreeable taste it is excellent for this purpose. It has also been employed as a remedy in skin-diseases, such as lepra vulgaris and psoriasis, and again as an antiseptic dressing. Mention has already been made in our letters of its employment as an intestinal antiseptic in typhoid fevers in the service of Professor Bouchard, in Paris, and it will be recollected that he claims that it is the least toxic of the intestinal antiseptics, being some sixteen times less so than iodoform. It has been used also

with success in combination with powdered charcoal in chronic forms of diarrhœa, particularly in children, proving especially useful when there were intestinal parasites. The favorable action of naphthaline when fetid urine exists is shown by the writer of this thesis, and he advises its use in the powdered form, given in doses of one-half up to one gramme. As high as five grammes per day may be given, in doses of ten to twenty centigrammes of the drug mixed with equal parts of sugar and perfumed with a little mint. Naphthaline has also been employed lately made up in capsules of keratin, which would digest only in the intestines. The author sums up its virtues as follows:

1st. From our experiences with the lower forms of vegetations and parasites, naphthaline possesses the power of arresting the development of the inferior organisms.

2nd. In the powdered form it is sixteen times less toxic than iodoform, and it is a much more powerful antiseptic.

3rd. Taken internally, it possesses all the advantages of charcoal powder without any of its inconveniences.

4th. It has given most remarkable results in patients who suffered with fetid urine.

5th. It not only destroyed the microbes, but also the larger forms of intestinal parasites. It finally has a good use in agriculture.—*Phil. Med. Times*.

HAY'S METHOD OF TREATMENT OF SEROUS EFFUSIONS.—In *The Medical News*, Dec. 11, we find a lecture by Prof. Wm. Osler, in which, after citing a number of cases of pleurisy with effusion, he calls attention to the use of concentrated solutions of saline cathartics in the treatment of these cases, as advocated by Prof. Mathew Hay, of Aberdeen.

The treatment is based upon facts observed by Dr. Hay when studying the physiological actions of the salines. He found that when administered in concentrated solution, when the intestines contained very little fluid, the rapid extraction of serum from the blood to form the intestinal secretion, produced marked and rapid concentration of the blood, the number of blood corpuscles per cubic millimetre being increased in one case from five million to nearly seven

million. In a few hours this increase was no longer apparent, as the blood had so rapidly abstracted the tissue fluids and replaced the amount lost by the free purgation.

When administered therapeutically in cases of pleurisy, etc., the plan advised is to administer, an hour or so before breakfast, four to six drams of the salt in an ounce or two of water. Prof. Osler prefers the sulphate of magnesia to the sulphate of soda, as being the more soluble salt. The patient must not drink after taking the salts. Usually four to eight watery stools follow without pain or discomfort. It rarely disagrees, though rarely nausea and vomiting may be produced. The salt produces a diuretic as well as cathartic action.

Prof. Osler strongly recommends this treatment, not only for cases of pleurisy, but for general dropsy, renal or cardiac, in all of which excellent results have been obtained.—*St. Louis Courier of Medicine*.

DIAGNOSIS OF CANCER OF THE STOMACH.—Professor Debove, speaking recently at the *Société médicale des hôpitaux*, on the question of cancer of the stomach, said that it was very often extremely difficult to make the diagnosis, and he called attention to the fact that the German writers had written a good deal of late years to show that the absence of hydrochloric acid in the stomach liquids was a very important sign of cancer of that organ. Dr. Debove himself has been making a long series of experiments to see if this is of any value, and all his cases seem to prove that the fact is certain—so much so that he does not hesitate to declare now that it is an absolute rule in all patients attacked with cancer of the stomach that there will be found not the slightest trace of hydrochloric acid in the stomach juices. He presented to the society a patient who was a fresh example of the sign he wished to prove. Early in 1886 this man, who was about forty years of age, began to have some digestive troubles, accompanied with vomiting, and in August last he suffered with sharp pains in the epigastric region, and then came into Dr. Debove's wards. At first he was taken for a simple dyspeptic patient, but the gastric juice was examined, with the result of constantly finding

lactic but never hydrochloric acid. About a month ago a tumor was found in the usual region, which to-day is as large as an egg, and shows all the characteristic signs of cancer. As the sign of absence of hydrochloric acid existed when the patient was first seen, and when he was legitimately considered as only a dyspeptic patient, Dr. Debove is disposed to accord to it the utmost importance in the diagnosis of the disease. In the case cited, although there was some loss in weight, the patient was not cachectic, nor had he hæmatemesis or melæmia, so that it was impossible to say that he had anything but dyspeptic symptoms. It is to be hoped that physicians will at once report all cases of the want of hydrochloric acids in the fluids of the stomach, and state what relation it bears to cancer, as, if this sign is sure, a very simple and easy mode of early diagnosis is discovered. Dr. Debove does not approve of the old method (Spallanzani's) of causing the patient to swallow a small sponge, and then withdrawing it, to obtain the gastric juice, but prefers to use a stomach-tube, and he also examines the vomited matters. As to re-agents, he uses gentian-violet and Poirier's No. 4 orange-color for the hydrochloric-acid test, and perchloride of iron and carbolic acid for the lactic acid. The gentian-violet gives a blue color, the Poirier's solution gives red, and ten drops of watery solution of carbolic acid, with three drops of solution of perchloride of iron, will pass from an amethyst-blue to yellow in the presence of lactic acid. It should be stated that experiments were first made on healthy subjects, to get and test the normal hydrochloric acid from the gastric juice, and that these trials should be made during digestion.—*Paris Correspondent N. Y. Medical Journal.*

ON THE TREATMENT OF DIPHTHERIA.—Dr. Focke, of Bremen, says that the efficacy of chlorate of potash in diphtheria depends upon the large amount of oxygen contained in it. This oxygenation comes into effect when the salt is brought into contact with a mineral acid. Dr. Focke first tried hydrochloric acid and chlorate of potash simultaneously in patients suffering from the diphtheria of scarlet fever. The results were encouraging. He has now

used these two remedies against diphtheria in a fairly extended practice for twenty-three years, exactly as recommended by Dr. Heyder, that is, of a 2 per cent. solution of chlorate of potash on the one hand, and of a $1\frac{1}{2}$ per cent. solution of hydrochloric acid on the other, he orders to be given every one or two hours day and night—a tablespoonful to adults and from a half to two teaspoonfuls according to age to children. He has observed thereby rapid disappearances of the fever after 36 to 48 hours, only slight swelling or infiltration of the glands of the neck, no evidences of septicæmia even when the false membrane is reproduced and also no disturbance of the general system. Dr. Focke admits, however, having seen slight paralysis, although rarely, and also stenosis of the larynx and taphis when the patient has come too late under treatment. The efficacy of this medication depends upon the fact that true chloro-hydrochloric acid is given off in the nascent state.—*Centralblatt für Therapie.*

DIFFERENT METHODS OF TREATING CERVICAL CATARRH.—Dr. L'voff, of Kazan, has reported to the *Meditinskoe Obozrenie* a number of observations made on the comparative value of different methods of treating catarrh of the cervix uteri. The total number of cases was eighty-two. Of these thirty-six were treated by mechanical scraping of the mucous membrane, eighteen by means of powerful caustic applications, and twenty-eight with weak caustics. The method of applying the weak caustic was, after washing out the vagina with warm water or a solution of boracic acid, to swab the cervical canal with tincture of iodine or a ten per cent. solution of chromic acid. This was done once a week, plugs soaked in glycerine of tannin being also used every other day. The strong caustic application consisted of a bougie made of sulphate of zinc and alum fused together. This was allowed to remain in the canal till it had all dissolved, which took place usually in one or two hours. Afterward the mucous membrane presented a white appearance, due to the eschar. This fell off in five or six days, during which time warm vaginal douches were administered and plugs of glycerine and iodoform inserted every alternate day. In the

cases treated by scarification an iodoform glycerine plug was left in for twenty four hours, and the patient was then sent home. The result of these different methods of treatment were that the mild caustics ultimately effected a cure, but required at least two months to do so; while the severer methods—that is to say, the fused zinc and alum and the scarification—produced a permanent cure in about a fortnight. The author adds that no unpleasant symptoms were caused by either the caustics or the sacrifice in any of the eighty-two cases.—*Lancet*.

GUAIACUM AS AN EMMENAGOGUE.—Sir James Sawyer, *Birmingham Medical Review*, Jan. 1887, says that his experience leads him to regard guaiacum as a remedy in promoting the menstrual secretion in a large proportion of cases of amenorrhœa; it is most efficient where there is no obvious spanæmic deterioration to which the menstrual inefficiency is referable. He gives ten grains of the powdered resin, stirred in a wineglassful of milk, every morning before breakfast. The remedy may be given safely for some weeks. It occasionally produces abdominal pain and purging. He also looks upon the ammoniated tincture of guaiacum as a reliable remedy when given during the painful period, in those cases of dysmenorrhœa in which there is no mechanical obstruction, and no sign of local inflammation or plethora. He recommends half a drachm to a drachm in a wineglassful of water every two or three hours till the pain is relieved.

USE OF IODOL IN THE TREATMENT OF LARYNGEAL PHTHISIS.—Lublinski *Deut. Med. Woch.*, advocates the use of iodol in larynx tuberculosis. Large quantities given to rabbits caused albuminuria, low temperature, general paralysis and death. Post mortem—fatty degeneration of the various organs is found; but Marcus has shown that three or four grains may be introduced into the blood of rabbits without any ill consequences; it follows that in man two or three grains must be quite harmless. Lublinski applied the powder directly to the larynx by means of insufflation through a tube. This organ is not in the least irritated by it, no cough is provoked, unless some of it gets into

the trachea. The powder remaining for some time at the place applied, causes a superficial eschar (*Aetzschorl*). Lublinski treated fifteen patients suffering from laryngeal phthisis in this manner; they did not feel any discomfort. Generally iodol was applied once daily, occasionally only two or three times a week. Two cases resulted in complete cure of the laryngeal phthisis. Time only can decide whether this effect will be permanent. The pulmonary consumption of these two patients continue unchanged. In the other cases marked improvement of the laryngeal ulcers was brought about. Healthy granulations sprang up, the difficulties in swallowing diminished, and the patient felt better generally. Iodol produces its beneficial local effects much more rapidly, and with greater certainty than tannin, boracic acid, lactic acid, and the other usual remedies.—*Medical Chronicle*.

TREATMENT OF ANGINA PECTORIS BY COCAINE.—*Revue de Médecine*.—In this paper the author strongly recommends the use of cocaine in angina pectoris, in the doses of $\frac{1}{2}$ to $\frac{1}{3}$ of a grain three or four times daily. He quotes four cases of this disease which were benefitted greatly by this treatment. If the attacks do not cease immediately after taking the remedy, they completely yield to it, however, in about three days. Under its use the pulse becomes slower but fuller, and the quantity of the urine is augmented. The author refers to some observations previously made by him, which appeared to show that the inhalation of oxygen in this disease did much good; he therefore suggests that it should be tried in conjunction with the internal administration of cocaine.—*Med. Chronicle*.

CALOMEL AS A DIURETIC IN HEART DISEASE.—Some further testimony to the value of calomel as a diuretic has appeared since the publication of the results obtained from its use by Jendrassik and Collins. Still'er confirms the statements of these observers that calomel in some cases promotes a profuse flow of urine. He used it in cardiac dropsy, and saw as much as 10 pints of urine passed in one day after the administration of the drug. If diarrhœa fol-

lowed its use he combined it with opium, which did not interfere with its diuretic effect. Mendelsohn likewise found that in cardiac dropsy it acts satisfactorily, three grains three times a day producing copious diuresis in 48 hours. When the increased urine flow is well established, he thinks it well to discontinue the medicine, resorting again to it when the discharge of urine becomes lessened. He finds it most useful when the tension of the pulse is not much reduced. It acts sometimes in cases where digitalis has failed to do good. Locke suggests the diuretic effect of calomel as due to the increased production of urea which it causes. Noel Paton, he says, has shown that hepatic stimulants increase the production of urea, and urea is a powerful diuretic.—*Medical Chronicle*.

TERMINATION AND TREATMENT OF EXTRA-UTERINE PREGNANCY.—Maygrier, in a recent thesis, writes as follows on this subject: Whatever be the anatomical peculiarities of a case of extrauterine pregnancy it must terminate in the rupture or retention of the foetal cyst. Rupture, which is exceptional in abdominal pregnancies, is the rule in tubal pregnancies, and often occurs at the second or fourth month. Occurring abruptly, it produces death by hemorrhage, peritonitis, strangulation, or septicaemia. Recovery can occur when the rupture occurs during the first weeks; early rupture produces the symptoms of periuterine hæmatocele, and the diagnosis cannot be made positively without an exploratory incision.

In exceptional cases recovery may occur in cases further advanced, the foetus dying and undergoing absorption, or living until viable. A retained foetus may become encysted as a foreign body, and undergo calcareous degeneration; this degeneration presents great varieties.

It is well, with Barnes, to advise patients in whom encystment has resulted favorably to avoid subsequent pregnancies, as the retained cyst may become the occasion of dangerous accidents: when new pregnancies occur they may give rise to inflammation and suppuration in the cyst, and peritonitis follow.

Spontaneous evacuation of ruptured cysts

occurs through the intestines, the abdominal wall, the vagina, and the bladder.

Treatment varies with the stage of foetal development.

In early months, before the rupture of the cyst, it should be removed by laparotomy; the foetus may sometimes be removed per vaginam.

When the cyst ruptures immediate gastro-tomy is the only treatment; in Lawson Tait's hands 21 of 21 patients so treated recovered.

In the last months of pregnancy, when the child lives, laparotomy will save the mother from the dangers which threaten; when the child is dead, the expectant plan should be followed, and laparotomy done only as dangers arise which necessitate it.

When the foetal cyst is only partially opened, the intervention must vary with the case.

In summing up, the author considers laparotomy indicated in the first months of extrauterine pregnancy, and at the rupture of the sac; in the later months of pregnancy, when the child lives (with special care against placental hemorrhage), and when the child has been dead for some time.

Elytrotomy is preferred when the foetus is fixed in the pelvis, when the placenta is not lying between the cyst and the vaginal wall.—*Revue de Chirurgie. Med. News*.

THE TREATMENT OF RHEUMATISM IN THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.—Dr. Osler employs in mild cases, with only one or two joints involved and the temperature not above 102° F., the citrate of potash in 3ss doses every four hours. If there is much pain and the patient is restless, Dover's powder grs. x at night. In more severe attacks, with polyarthritis, and fever above 103°, he orders salicylate of sodium grs. xv every two hours, with a similar quantity of the citrate of potash. The important influence of the salicylate is believed to be in the reduction of the pain and fever. It is not thought to have much influence in lessening the duration of the disease; and, on the other hand, when pushed for many days and in large doses, it is thought directly to favor the occurrence of relapse. Hence, as soon as the pain is relieved, the amount of the salt is reduced, and it is stopped.

as soon as possible. It does not probably influence, one way or the other, the occurrence of endocarditis. When the temperature is above 103.5° antipyrin, grs. 20, is ordered. With fever of 105° the cold pack is employed. Lemonade and carbonated waters are allowed freely. An unstimulating liquid diet is given. Blankets are preferred for the bedding of the patient. Special care is enjoined in changing the clothing, and a wad of cotton-wool is placed over the front of the chest. The joints are wrapped in cotton-wool, or, when very painful, in spongipiline, or flannel, soaked in Fuller's lotion (hot) (Liquor Opii Sedativus, $\frac{3}{4}$ j; Potass. Bicarb., $\frac{3}{4}$ iv; Glycerin., $\frac{3}{4}$ ij; Aquæ, $\frac{3}{4}$ ix). If the salicylate and the local application fail, as they sometimes do, to relieve pain, opium is freely given. During convalescence iron and tonic doses of quinine are ordered.—*North Carolina Medical Journal*.

THE OPERATION OF SHORTENING THE ROUND LIGAMENTS.—An excellent paper on this subject, read before the Baltimore Academy of Medicine, Feb. 1st, by Dr. Thomas A. Ashby, professor of gynecology in the Baltimore Polyclinic and Post graduate Medical School, ended with the following summary of conclusions:—

1. The round ligaments are designed to hold the uterus in its axis in the pelvis, and to draw the fundus of the organ toward the symphysis pubis. They have little, if any, sustaining power in preventing procidentia, except in extreme degrees of descent, where the organ has escaped outside the vulva. Posterior displacement of the uterus can only take place when the round ligaments have been relaxed or stretched by prolonged tension. 2. Shortening the round ligaments is a practical method by which the uterus may be lifted into its normal axis and be retained in position by a restoration of its normal supports. 3. This operation is admissible in all cases of posterior displacement where the uterus is not fixed by adhesions, but perfectly movable in the pelvis, and where other methods of support are not of service. 4. The operation can prove of little value in cases of procidentia, except when employed in conjunction with other methods instituted to overcome this form of displacement.

5. The operation can be easily performed by one who is familiar with the anatomy of the parts. It is almost devoid of danger if ordinary safeguards are employed. 6. In the class of cases to which it is limited, the benefits secured are striking and important.—*New York Medical Journal*.

THE THERAPEUTICS OF ASTHMA.—Within the past few years the interest of medical men in the subject of the treatment of asthma has received a fresh impetus from the birth of a new theory of the pathology of the affection. As is well known, Hack and a number of other observers have drawn attention to abnormal changes in the turbinated bones, and in the mucous membrane of the nose and the pharynx, as the chief factors in the causation of a large percentage of the cases of asthma. Hack laid particular stress on swelling and hypertrophy of the inferior turbinated bones, and recorded several cures brought about by cauterizing or removing the hyperplastic tissue. Since the publication of his article, specialists and general practitioners have, with the aid of highly magnifying reflectors, seen hypertrophied turbinated bones in many an asthmatic patient, which there was a great temptation to reduce, either with some ingenious instrument, with the galvanic cautery, or with a powerful escharotic. Although the results have not been so gratifying as Hack's, they have gone far toward affording an apparent verification of his theory; for, if the so-called hypertrophied turbinated bones could be detected at first only with the aid of magnifying reflectors, it was not long before they were sufficiently hypertrophied to be distinct even to the naked eye.

The pendulum, however, is beginning to swing back, as is evident from a recent lively and protracted discussion at several consecutive meetings of the Berlin Medical Society. A number of speakers took part in the discussion, and there seemed to be a consensus of opinion that cases in which asthma was benefited by cauterizing the nasal mucous membrane or the turbinated bones were extremely rare. Such treatment, it was said, should not be employed until a careful examination had been made with a sound, the parts having been made

anæsthetic with cocaine, and an area discovered a touch upon which would call forth an attack. Scadewald broached a novel method of treatment, based on his no less novel theory of the pathology of the disease. He maintained that bronchial, or true, asthma was due to a neurosis of the trigeminal nerves, and should be treated by faradization of those nerves, the applications being made during an attack, as, if made in the intervals, they would call forth a paroxysm. Lubinski emphasized his previous remarks as to the benefit to be derived from inhalations of pyridine, but the drug must be used with caution, as disagreeable and alarming symptoms may follow its injudicious use. Amyl nitrite, nitro-glycerin, and sodium nitrite act in the same way as pyridine, but all these remedies find their more appropriate application in cardiac asthma.

If any drug deserves the title of a specific in this affection, it is potassium iodide. The remedy was first recommended in asthma by Trousseau, but this use of it fell into oblivion for a number of years, to be only recently restored by the publications of Leyden and Germain Sée, the latter of whom recommends its administration with lactucarium. Potassium iodide is of great service also in the purulent bronchitis which occurs as a sequel to asthma. In many cases of this condition the various balsams are efficacious; and Lubinski has observed excellent results from the use of Peruvian balsam combined with myrrh, the former in doses from a grain and a half to three grains three or four times a day. If there is really a nasal affection, it should be treated according to its character, and not on any far-fetched theory of its ætiological importance. But, in the treatment of asthma, it is of the greatest moment to distinguish true, or primary, asthma—by no means a common affection—from that which is secondary to disease of the heart and lungs. We need scarcely say that we have had only the former in view in this writing.—*N. Y. Med. Jour.*

COCAINE IN HERPES ZOSTER.—In a case of herpes zoster, occurring in a child of 7 years, in which all ordinary remedies failed to give relief, Weissenberg applied a five per cent. solution of

cocaine every two hours over the seat of the eruption. That night the child slept quietly, without being awakened every five minutes, during the previous night, by the burning pain and itching. The following day the pain had ceased, but there remained an itching, which was attributed to the astringent action of the cocaine, which found in the ruptured bullæ an easy mode of penetration to the Malpighian layer. The itching soon disappeared, and at the end of twelve days no trace of the eruption remained. The cocaine, in addition to its anæsthetic properties, was thought to have hastened cicatrization.—*Allg. Med. Central Zeitung.*

HYPERIDROSIS PEDUM.—In the experience of the editor of the *Journal of Cutaneous and Genito-Urinary Diseases* in the treatment of habitual hyperidrosis pedum, the best results have been obtained from the employment of foot baths of a strong solution of extract of *pinus canadensis* (Kennedy's) every night, and the use of powdered boracic acid, or salicylic acid mixed with lycopodium, oxide of zinc or other inert powders, constantly applied inside the stockings. Hebra's treatment with diachylon ointment undoubtedly constitutes a most efficacious method, but the inconvenience attending its application, often temporarily interfering with the occupation of the patient, renders its employment impracticable in many cases.

A NEW TREATMENT OF GONORRŒA.—Castellan, of St. Mandrier Hospital, starting with the view, now popularly entertained, that gonorrhœal prothrititis is a parasitic disease, and being led by observation to believe that the microbe can only live in an acid medium; finding, moreover, that in this disease the discharge is, as a rule, acid, proposes to treat gonorrhœa in the acute stages by urethral injections of sodic bicarbonate, three or four injections being made daily of a one per cent. solution. For this treatment, which is but a logical inference from the premises, he claims remarkable success, although the cases on which it has been tried in St. Mandrier, as yet, number only a dozen. The injections of bicarbonate of sodium are commenced as soon as the discharge appears,

or the patient comes under observation; the urethral secretion is tested every day with litmus-paper, and the injection is kept up till the discharge becomes alkaline or neutral. For internal treatment the patient is given flaxseed tea, with occasional doses of bromide, if there seems to be any indication for the sedative effects of this salt. His conclusions are as follows:

1. The urethral pus in the first stages of the disease is generally, if not invariably, acid; this acidity is quite pronounced.

2. The treatment by bicarbonate of sodium rapidly lessens the discharge; it also diminishes or removes the pain in micturition.

3. In old urethrites, and in those which have been treated by the usual injections, it speedily brings about a cure.—*Boston Medical and Surgical Journal*.

THE MEDICATION OF PHTHISIS.—In a recent number of the *Progrès Médicale* the editor discusses the changes in the treatment of phthisis which modern pathological researches would indicate. Recent suggestions in anti-bacilli treatment are the inhalation of hydro-fluoric acid and the rectal injections of sulphurous gas. We are able, however, to hope for very little from these methods. The means for combating tuberculosis which seems most worthy of serious attention is the use of iodoform. This substance has been tested by injection in cold abscesses, by inunction in tubercular meningitis, and by giving internally in enlarged glands and pulmonary tuberculosis. The purity in which iodoform is now made, our better knowledge of its solubility, and its poisonous properties, enable us to use it as a most important agent in the extirpation of a local tuberculosis before the organism can become effected; it has thus an important part in preventive and hygienic medication. We must agree with Jaccoud in placing the administration of nutritious elements as still our most important duty to the phthisical patient. Cod-liver oil, to the extent of 4 ounces daily, is of the greatest benefit, and especially those oils which contain iodine and phosphorus in greatest amount.—*Therapeutic Gazette*.

Therapeutical Notes.

CHRONIC ULCERS.—A mixture of animal charcoal and camphor equal parts, is used by Barbocci in excavated chronic ulcers. The offensive smell is removed and healing promoted.

JAUNDICE.—Bartholow says that when the cause of jaundice has been removed salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

URTICARIA.—Lassar cuts short the duration and lessens the frequency of violent attacks of urticaria, by 24 grain doses of salicylate of sodium, repeated every two hours until three doses have been taken.

It may not be generally known that a poultice of digitalis leaves, to cover the whole abdomen, will act both on the heart and kidney in scarlet fever or other conditions, when its administration by the stomach is contraindicated.

COCAINE COTTON FOR TOOTHACHE.—

R. Cocain hydrochlor .. 50 grains.

Aq. destill 150 grains.

Gossypii pur 150 grains.

Dry with gentle heat.

—*Pharmac. Zeit.*

Dr. Longstreth recently exhibited a case of tertiary syphilis at the Pennsylvania Hospital, which would not tolerate either the iodide of potassium or mercurials, locally or internally; but in which good results were being obtained by the following:—

R. Cadmii iodidi gr. v.

Lanolin 3j. M

Sig.—Use locally.

The *Medical World* says that if you want as sure and speedy action from your drugs as if you gave them hypodermically, administer them in hot water. One-half the dose will have the effect. The reason is obvious. If the dose be given in hot water it is quickly absorbed, and the force of the drug thrown upon the system at once. Few people realize how long the dose will remain in the stomach if that viscus be

chilled. Beaumont found that a glass of ice-water stopped digestion for one hour. This method of administration is particularly suitable for the vegetable preparations, opiates, etc.

IODOFORM IN PHTHISIS.—Huchard combines iodoform with creosote in the treatment of phthisis as follows :

R.—Iodoform,
Creosote,
Pulv. benzoin,
Balsam tolu.....āā gr. j.—℥

Sig.—Two to four pills daily.

—*Journal de Médecine.*—*Med. News.*

SNUFF FOR NASAL CATARRH.—Rabow recommends the following powder in nasal catarrh :—

R Menthol pulv..... 3 grains.
Coffea tostae
Saach. alb.....āā 50 grains.

Fiat pulv.

To be used like ordinary snuff.

—*Deut. Med. Woch.*—*Medical Chronicle.*

MENTHOL IN URTICARIA AND PRURITUS.—

Among the myriads of remedies for these troublesome affections; we have no other which affords such complete and instantaneous relief as a solution of menthol. Not only is the itching relieved for the time, but a cure seems to be effected. In pruritus and in eczema, moistening the parts with menthol solution causes an immediate cessation of the pain. The solution should contain from two to ten grains of menthol to the ounce of water.—*Amer. Jour. of Pharmacy.*

POSOLOGY AND USE OF SOME NEW REMEDIES.

—Agaricine: Best administered in combination with Dover's powder. Dose, 1-12 to $\frac{1}{6}$ grain. Used for night sweats.

Alcin: From $\frac{1}{3}$ of a grain to $3\frac{1}{2}$ grains, in pill form.

Bismuth salicylate: Dose, from 5 to 7 grains in pill form. In typhoid this dose may be doubled and repeated every hour, up to ten or twelve times.

Canabinone: From $\frac{2}{3}$ to $1\frac{1}{2}$ grain. Best administered mixed with finely ground roasted coffee. Sedative and hypnotic.

Colocynthin: Used subcutaneously. The dose is from $\frac{1}{8}$ to $\frac{1}{2}$ grain. It may also be administered in pill form, by the mouth, the requisite dose being from $\frac{1}{3}$ to 1 grain.

Convallamarin: Internally, in pill form. The dose is from $\frac{3}{4}$ to $1\frac{1}{4}$ grain.

Euonymin: Best given in pill form, combined with extract of belladonna or hyoscyamus. The dose is from 3 to 10 grains.

Nitroglycerin is best given in alcoholic solution. The dose is from 1-150 to 1-60 grain, repeated several times a day. Rossbach prefers ether as a solvent. His formula for its use is as follows: Dissolve $1\frac{1}{2}$ grain of nitroglycerin in sufficient ether, and add the solution to a mixture consisting of two ounces of powdered chocolate and 1 ounce of powdered gum arabic. Mix very thoroughly, and divide into 200 pastilles. Each pastille will thus contain 1 333 grain of nitroglycerin. Used in angina pectoris and as a diuretic.

Picrotoxin: In aqueous solution. Dose from $\frac{1}{8}$ to $\frac{1}{6}$ grain. Used in epilepsy.

Liquor Magnesii B omide: Under this name an aqueous solution of magnesium bromide has originated and been employed in the Philadelphia hospital, more particularly in the insane department of that institution, with such success as to warrant its more general trial and employment.

Osmic acid (Os O₄), or the Tetroxide of Osmium is a volatile, very odorous, crystalline compound, produced by the action of Nitrohydrochloric Acid on osmium or either of its lower oxides. Its vapor is very pungent and poisonous. Claus recommends cautious inhalations of sulphuretted hydrogen as an antidote. In medicine it is used in a 1 per cent. solution injected subcutaneously. Neuber recommends it against peripheral neuralgias. Mohr extols it highly in Ischia; rheumatica. Szumann and Eulenberg recommended pareuchymatous injections in goitre, and Delbastille injects it in sarcomata and lymphomata.

Apiol, the oleoresin, first obtained from the fruit of Parsley, by Joret and Homolle, in 1885, has the odor of parsley with a pungent taste. Alkalies form with it a kind of emulsion. It is insoluble in water, but soluble in alcohol, ether, chloroform, and glacial acetic

acid. Dose, 10—15 drops, best given in gelatin capsules. Largely used throughout France in intermittent fevers. Used in amenorrhœa, scanty menstruation and dysmenorrhœa, in which cases apiol has established quite a reputation for itself. Dose 4 grains, given two or three times daily, four or five days before the menstrual period. Large doses, 30 to 60 grs., produce stupor.

Caffeine: Extensive research has proved Caffeine to excite the heart and respiratory movements, and increase arterial tension, stimulate the brain and spinal cord, retard tissue change and increase the flow of urine. Caffeine has been in use so long now, and its applications have become so numerous, that it may suffice to mention but a few of the most important. It is the remedy par excellence in headaches, especially in the so-called nervous or sick-headache, or when due to fatigue or over-work, or the abuse of intoxicating liquors. It is used as an antidote in opium poisoning, as a diuretic, especially in dropsical effusions from heart disease. Dose, from 2 to 5 grs. Of the numerous salts of caffeine the citrate and bromide have met with most favor, being perfectly soluble and not deliquescent. It may be used by the mouth or hypodermically.—*Technics*.

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, MARCH, 1887.

ABDOMINAL SURGERY IN LIVERPOOL.

We referred not long ago to an action for damages which had been brought against Dr. Imlach, of Liverpool, by the husband of a patient from whom he had removed the uterine appendages, which resulted in favor of the doctor; at the same time there was much adverse criticism among members of the profession respecting the work of this same surgeon. There were 106 abdominal sections for the removal of the uterine appendages in the Liverpool Hospital for Women in the year 1885, of which 85 were performed by Dr. Imlach.

The Liverpool Medical Institution, at a meeting held on February 4th, 1886, adopted the following resolution:—"In view of the large and increasing number of cases of abdominal sections in the Hospital for Women in this city, this meeting is of opinion that a special committee be appointed for the purpose of investigating the grave question of practice and ethics, involved in the performance of these operations, and to report to a future meeting." The committee appointed consumed some months in making full enquiries into all abdominal sections for the year, being 106 in number, and reported that cases of ovariectomy and exploratory incisions were justifiable, and done satisfactorily. They expressed some doubt about the advisability of the operation called Oöpherraphy, i.e., the replacement and fixation of prolapsed ovaries: in the 106 operations for the removal of the appendages nine deaths followed, showing a mortality of between eight and nine per cent. They found that relief was afforded in many cases; in very nearly an equal number the relief did not seem to have a decided or lasting character, while in some the operation had been positively injurious. They expressed the opinion that, considering the risks and uncertain nature of the results, sufficient discrimination had not been shown in the selection of cases for operation. They recommended that a more frequent use of consultations be made for the future, and more care be observed in appraising the patients of the nature of the operations and the possible results.

Mr. Lawson Tait, in a letter to a resident of Liverpool, agreed for the most part with the recommendations of the committee, but thought that the statement that only half the patients had been permanently relieved was not to be relied on, because the full benefits derived from the operation are often delayed two or three years.

While we approve of the conservative character of the recommendations, we regret that bitter personalities were introduced too frequently, and while we are free to admit that Dr. Imlach did not always display sufficient sound judgment, although we are by no means certain on that point, we think it scarcely creditable to certain members of the profession;

that their words and actions were so extreme as to amount to a positive persecution of a very able surgeon.

It has been a very serious matter for Dr. Imlach. We have the authority of Mr. Tait for saying that his health has been shattered, his practice—for a time at least—ruined, and his loss in costs, for his defence in the courts, very serious. There is a lesson in these proceedings—let those who practice abdominal surgery in Canada learn it!

THE COUNCIL EXAMINATIONS.

The professional examinations of the Council of the College of Physicians and Surgeons, Ontario, will be held in Victoria Hall, corner Queen Street E. and Clare Street, Toronto, and in the City Hall, Kingston, commencing on Tuesday, April 5th, at 9 a.m.

The oral examination for final students will commence at Toronto on Monday, 11th, and at Kingston, on Wednesday, 13th April. That for primary students will commence at Kingston, Thursday, 14th, and at Toronto, Friday, 15th April.

For particulars, see advertisement.

BRITISH GYNÆCOLOGICAL SOCIETY.

This society has just completed the second year of its existence, and its prospects at the present time are exceedingly bright. From the address of the retiring President, Mr. Lawson Tait, delivered January 12th, we learn that there are now four hundred and sixty Fellows of the society. A journal is published by the society, and notwithstanding the heavy expenses incurred the financial position is very satisfactory. It appears, in fact, that the publication of a good journal by any medical association adds much to the chances of success. The *British Medical Journal* has been the most important factor in the wondrous success of the British Medical Association. The journal of the American Medical Association promises to do much for that organization.

Mr. Tait's account of the work done by his society during the year of 1886 is very interesting, and shows that much valuable work has

been done. The brilliant deeds in abdominal surgery of recent years, which have been performed chiefly by Gynæcological surgeons, have done much to raise the status of Gynæcology; and a society such as this, in the metropolis of that country, which by common consent takes the lead in this branch of surgery, is likely to have a bright future before it.

Mr. Tait has a worthy successor in Dr. Granville Bantock, who is President for 1887. We are pleased to notice that our worthy countryman, Dr. Gardner, of Montreal, is one of the Vice-Presidents.

A NEW HOSPITAL AMBULANCE.

We are pleased to hear from Dr. O'Reilly that two of his friends are about to present a fully equipped ambulance waggon to the Toronto General Hospital. Dr. O'Reilly will shortly visit New York, Buffalo and other American cities, with a view to securing the latest improvements in build and outfit. It is intended to equip the ambulance with a case of medicines, which shall include the antidotes to the more common poisons; anodynes, stimulants and restoratives; also a stretcher, stomach-pump, hypodermic syringe, torsion forceps, tourniquets, splints, bandages, compresses, and in fact everything that might be required in case of emergency.

It will now be in order for some other philanthropist to supply and provide for the support of a horse, to be kept in connection with the hospital, so that the ambulance will be part and parcel of the hospital appointments. This, we think, would greatly enhance the efficiency of the ambulance service.

There is at present one ambulance waggon in the city, but it lacks the conveniences which more extended experience in ambulance service has suggested, and, though it has rendered very good service in the past, it has been found quite inadequate to the demand which the increasing popularity of the hospital has created. It might be advantageously used for the conveyance of infectious cases, such as diphtheria, scarlatina, erysipelas, etc., which, in the present order of things, are carried either in express waggons or hacks, to the great discomfort of

the patients in the one case, and to the possible detriment of the public health in the other.

In the city of New York, where the large number of hospitals begets a spirit of rivalry in the acquisition of patients, the ambulance service is highly proficient. Each hospital has one, two, or three ambulance waggons, perfectly equipped as regards appliances, and in charge of an "ambulance doctor," who wears a uniform and has a corps of trained assistants under his control. The horses are kept in readiness day and night, and having the "right of way" are on their way to the scene of the disaster at the highest possible speed, within a few minutes after the receipt of the telephone message. Arrived at the seat of accident the ambulance doctor seeks out the injured, and, with his assistants, removes them to the hospital with the least possible delay. In this way very effective work is done, and undoubtedly many lives are saved and much suffering avoided.

Though New York is comparatively a large city, we think Toronto might support at least one ambulance similarly equipped. There would be no difficulty in securing a reliable and qualified 3rd or 4th year student, who would undertake the duties of ambulance doctor for the experience he would gain.

BACILLUS OF SYPHILIS.

In the course of the past year numerous authors have described methods of staining sections made from chancres and gummatous deposits for the purpose of proving the presence of a pathogenic micro-organism, but to Lustgarten is due the honor of having brought to notice a procedure which, though tedious, is effective in bringing to view a bacillus which resembles closely that of tubercle. They are to be seen occasionally slightly curved, often appear with an enlargement at one end. They are not found free in the tissue, but lodge mostly in the large oval cells in groups of from two to eight. Lustgarten observed them in sixteen cases of syphilis which he examined, and also in one pericsteal gumma in a congenital syphilitic. Alvarez and Tavel, in the laboratory of Prof. Cornil, and also Ritter, have detected bacilli in the smegma præputii, which,

morphologically and in staining, correspond with those of Lustgarten. Further investigation will be necessary to establish the position which these bacteria hold in the propagation of this disease.

A NEW LARYNGOLOGICAL JOURNAL.

We have received the first issue of the *Journal of Laryngology and Rhinology*, a new medical monthly, edited by Drs. Morrel Mackenzie and Morris Wolfenden in London, and intended as an abstract of the current literature of the throat and nose rather than a vehicle for the publication of new matter. The editors have secured the co-operation of numerous eminent physicians in Europe, while America is represented by Dr. John N. Mackenzie, of Baltimore. The plan of the journal is identical with that of the *Centralblatt für Laryngologie* in Berlin. It is issued in convenient form, and printed in good type, and, as it is the only journal of the kind published in the English language, it ought to be well supported in this country.

MEDICAL COUNCIL BUILDING.

The corner stone of the new Medical Council Hall was laid on Tuesday the 26th of January by the President, Dr. H. H. Wright, in the presence of the building committee. Unfortunately the profession of the city had not been notified, and the ceremony passed off very quietly and with but few in attendance. The stone was put in place and dedicated to the profession of Ontario in the name of Galen, Hippocrates, Harvey and John Hunter.

A NEW UNIVERSITY IN LONDON, ENGLAND.—

We have heard much during the last few years about the establishment of a new university in London, with no department except that of medicine. The degree of M.D. from the London University is highly prized, but the requirements for graduation from that Institution are so high that only a very small proportion of English students take its examinations. A joint committee from the two colleges of Physicians and Surgeons of London, appointed some time ago to consider the question, has

recommended that the two Boards hold joint examinations, and confer on the successful candidates the degree of M.D. It has been suggested that this combined examining body shall become the University of Westminster.

TORONTO GENERAL HOSPITAL.—The number of patients seeking advice last January was greatly in excess of the same month of last year. The total number treated as indoor patients during that month was 400, while 431 were seen at the outdoor clinics. There were but twelve deaths. The Medical Superintendent, Dr. O'Reilly, intends to have the *post-mortem* room enlarged, in order to afford accommodation to the large class of students now attending the hospital.

POVERTY OF GUY'S HOSPITAL.—The revenues of Guy's Hospital have been much reduced lately on account of the general agricultural depression, the properties from which it derives the greater portion of its income being lands. It is stated that the annual income has fallen from forty thousand pounds to twenty-five thousand pounds. The position of affairs has been placed before the public, who are asked to contribute one hundred thousand pounds.

COCAINE IN LABOR.—Dr. Hertzthorne recommends (*Lancet*) the use of a compound of six parts of cocaine, twenty-four of vaseline, and twenty of glycerine, to be applied to the parturient canal during the second stage of labor for the purpose of producing anæsthesia of the parts, and so vastly lessening the pain incident to that stage.

JOSH BILLINGS ON DOCTORS.—Doktors are not all quaks; you hav got wrong noshuns about this. Doktors, lawyers and ministers have a hard row to ho; they hav to deal with kredulity, knavery and fears ov the people—three ov the most difficult traits in human natur tew handle. If i was a doktor and understood my bizziness, i should doctor my pashunts, and let the disease take care ov itself. More folks are cured this way than enny other.
—*Med. Times.*

Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, JANUARY 20TH, 1887.

The President, Dr. McPhedran, occupied the chair.

PATHOLOGICAL SPECIMENS.

Dr. Temple presented a uterus, in the anterior wall of which was a large fibro-myoma. The specimen had been removed from a patient, aged 28 years, unmarried. The growth commenced more than two years ago, and latterly has increased rapidly in size. The patient had also failed greatly in flesh and strength, having decreased in weight 32 lbs. within a few months.

The operation performed was supra-vaginal hysterectomy. An incision as short as practicable was made in the median line. The broad ligaments were transfixed at either side, and tied in two sections—one of which contained the ovarian, and the other the uterine artery. The uterus was then eventrated and amputated about one-half inch above the external os, the stump being held in Lawson Tait's uterine clamp. The edges of peritoneum were then stitched over the cut margins of the broad ligaments, and the abdominal wound closed with deep and superficial stitches.

The tumor was a sub-peritoneal fibro-myoma situated upon the anterior wall of the uterus. In this variety of tumor there is not much enlargement of the uterine cavity, and consequently metrorrhagia is not a marked symptom. Patient is now in her fifth day and doing well. Highest temperature, 102°; highest pulse, 104.

Dr. Ross exhibited a specimen of hæmato-salpinx occupying one tube without producing occlusion of its lumen. The patient is the mother of seven children. She suffered from menstrual irregularity, having perhaps no discharge for about six weeks, and then an almost continuous flow for an equal length of time. The discharge had an extremely bad odor—a circumstance strongly diagnostic of hæmato-salpinx. The patient had been in ill-health for three years, dating from a miscarriage with a bad result which occurred at that time. The tubal cyst was ruptured during the first vaginal examination, and acute peritonitis developed

within twenty-four hours. Operation was advised. A short incision was made in the median line, a mass of clotted blood which was found in Douglas' *cul-de-sac* was removed, as were also the ovary and tube of the affected side. The abdominal cavity was then carefully washed out and the wound closed. The recovery was uninterrupted, the temperature never rising above 100° F. This case illustrates a condition even the existence of which was, until recently, denied by Emmet.

Dr. Cameron showed a cystic tumor of the ovary which had been removed from a young married woman. The patient had suffered for four years with attacks of intense pelvic pain, evidently due to circumscribed peritonitis. During the first of these attacks obstruction of the bowels occurred, and an abscess formed and ruptured into the bowel. She had been pregnant twice, and both gestations were accompanied by a great deal of pain, especially on the right side. Of late the attacks of pain had increased in frequency and severity, and operation was advised. The right ovary was found to be cystic and was removed. The case was uncomplicated and the recovery uninterrupted.

Dr. Cameron also showed the right ovary and tube from a case with the following history: The patient had suffered from stenosis of the cervix, and Goodell's operation was performed. Inflammation followed, resulting in occlusion of the tubes. As no improvement took place after several months of treatment, Tait's operation was performed. The right ovary was found to contain three or four hæmatic cysts (Savage). It was removed with its tubes with difficulty, being firmly bound down by adhesion. The left ovary was so embedded in inflammatory deposits that it could not be removed. A good recovery followed.

Dr. Powell exhibited a tumor about the size of an orange which had been removed from the left forearm. It proved, on microscopical examination, to be a spindle-celled sarcoma, which had undergone myxomatous degeneration. As permission to amputate at the elbow joint could not be obtained, the tumor was dissected out as thoroughly as possible, and the wound closed with sutures. In about three months the

tumor reappeared, and the surgeon under whose care the patient then was, amputated about the middle of the arm. The axillary glands and lungs became affected however, and the patient ultimately died of the lung affection. It seems fair to assume that had amputation been performed as advised in the early stage, the disease might have been eradicated.

Dr. Cane exhibited the brain from a patient dying of general paralysis of the insane. The patient was a male aged only thirty-six. His character previous to his cerebral trouble, had been good. He was a temperate man and had always enjoyed moderately good health. On 11th May last, he was brought to the Toronto Asylum with all the evidences of general paresis. He steadily grew worse and died January 19th. The specimen showed great thickening of the dura mater, and also of the calvarium, which was markedly indurated. A large amount of serous fluid was found beneath the membranes. The arachnoid and pia mater were thickened and milky-looking. The adhesions between the brain and membranes were marked on the convolutions, but in the sulci no such adhesions were found. On forcibly stripping the membranes from the convolutions, the convexities of the latter showed a roughened appearance which has been compared to mouse-nibbled cheese, and is somewhat characteristic. Contrary to the generally received opinion this disease is not one of old age, but generally affects those in the prime of life, the majority of its victims being between 35 and 40 years of age.

Dr. Geo. Wright presented the kidneys of a man who had died of Bright's disease complicated with bronchitis of the smaller tubes. The urine contained albumen and casts. Epistaxis was a marked symptom, and pericarditis developed towards the last. The kidneys were markedly cirrhotic.

Dr. W. H. B. Aikins showed a larynx, the vocal cords and arytenoid cartilages of which were covered with tuberculous ulcers, in which the microscope revealed the bacilli tuberculosis in abundance. The interesting point in connection with this case is that no tuberculous deposits were found in the lungs.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, DECEMBER 17th, 1886.

J. C. Cameron, M.D., President, in the chair.

ANEURISM OF THE INNOMINATE ARTERY.

Dr. W. G. Johnston exhibited a specimen of aneurism of the innominate artery, which had eroded the sternum and first and second ribs on right side. The arch of the aorta was unaffected. The right carotid and right subclavian were given off from the sac. The left carotid and left subclavian were pressed upon and pushed over towards the left. The superior vena cava was obliterated through pressure at a point two inches above its origin. Agygos vein enlarged to the size of the ring finger, and communicated by a large branch with the superior intercostal vein. Superficial anastomoses of epigastric and hypogastric veins were prominent. Hemorrhoidal veins normal.

Dr. Ross said that the patient had been under his observation for eighteen months, and was never recognized as a case of aneurism of the innominate artery, but the symptoms pointed more to the arch of the aorta. The earliest symptoms were pain at the back of the neck and shoulder, of a neuralgic nature, accompanied with cough. These were relieved by potassium iodide. The patient got better of his first attack, but was frequently laid up in hospital. Enlargement of the superficial veins of the abdomen and thorax was early evident, but lately the superficial veins were tortuous and as large as a man's finger. The patient also exhibited signs of intra thoracic pressure—such as paralysis of the right vocal cord, rattle in the larynx, and signs of pressure on the trachea.

Dr. R. L. MacDonnell had had the case under observation for the last fourteen months, both in his wards in the Montreal General Hospital as well as during the past summer, when the patient was earning his living as a night watchman. There were two points of clinical interest in the case. In the first place, the results of the use of the sphygmograph were deceptive. The tracings obtained showed very marked interference with the blood cur-

rent through the left radial, hence he had assumed that the aneurism was situated on the arch at a point beyond the giving off of the innominate artery, the fact being that the great dilatation of the innominate artery caused not an impediment through that channel, but by its bulk had pressed upon the subclavian and disturbed the flow of blood to the left upper extremity. In the second place, the relief afforded by the iodide of potassium had been most effectual. Whenever the drug had been discontinued, or whenever the patient had been unable to obtain it, the pain and dyspnoea had increased. This effect had several times been noted, and particularly by the patient himself.

Dr. Wilkins referred to a case in his practice where there was obliteration of the superior vena cava from clot, which produced no varicosity.

Dr. Ross said one of the early symptoms of the case was a suffused appearance of the face, but the varicosity did not progressively increase; it was sudden at the last.

TYPHOID COMPLICATED WITH DIPHTHERIA.

Dr. Johnston exhibited for Neilson specimens from a case of typhoid fever complicated with diphtheria. There was a well defined membrane covering the fauces and extending through the larynx to the smaller divisions of the bronchial tubes. The spleen was enlarged, and there were typhoid lesions in the intestines.

CONGENITAL ABSENCE OF THE PETROUS PORTION OF THE TEMPORAL BONE.

Dr. R. L. Macdonnell exhibited the skull of an idiot which had been dissected at McGill College. There was on both sides deficient development of the petrous portion of the temporal bone. The base of the skull, as seen from within, was flat, the petrous bone not forming the normal ridge between the middle and posterior fossæ. The organs of hearing had never reached development, there being in reality but a rudimentary tympanic cavity. The foramina through which the various nerves passed were small. No previous history of the case had been obtained. The subject presented several other abnormalities: 1. The right com-

mon carotid divided into its external and internal division opposite the lower border of the thyroid cartilage. 2. The left common carotid did not divide at all, but was continued upwards as the internal carotid; the superior thyroid and lingual arteries were given off this common trunk, and the facial from the lingual. 3. The hypoglossal nerve was given off from the pneumogastric. 4. There was deficient development of the teeth. The bicuspid were represented by small round pegs. The molars were ill formed, small, and rounded like milk teeth.

Dr. Wilkins, 1st Vice-President, then took the chair, and

Dr. Cameron read a paper on

ASEPTIC MIDWIFERY.

Discussion.—Dr. Kennedy agreed with Dr. Cameron in his conclusions. He rarely allowed a patient to have a douche; always believes in using it in person, as he found nurses, as a rule, unreliable. He could tell by the temperature chart in the hospital which nurse had charge of a ward. He did not believe in the use of a douche unless there had been operative procedures.

Dr. Roddick said he was always interested in antiseptics, and had long believed antiseptics to be as important in midwifery as in surgery, but from his experience, as well as from the facts in the paper, he now regarded it of even more importance in the former. In 1877 he had been asked to give some rules for the guidance of a friend, then superintendent of the Hamilton General Hospital, and had laid stress on the use of antiseptic injections previous to delivery, as before operations in surgery. The results were good in Hamilton, though only tried for a very short time. He thought the excellent results obtained in the Queen Charlotte Hospital were largely due to the previous washing out of the vagina, as the discharge before labor was often septic.

Dr. Alloway thought no subject was of more importance than aseptic midwifery. Owing to its acceptance, the mortality had notably decreased during the past five years. It is rare now to hear of septic cases, much less of death. For the last five years he had been an antisepticist,

and had not witnessed a single death during that period, though, through nurse or midwife examining patients, he had seen many cases of septicæmia. He cited, as an example, where one midwife had lighted up several septic cases. Dr. Roddick's importation of Listerism had induced him long ago to apply it to midwifery cases. Dr. Cooper, of New York, reports 40,000 cases in Vienna with results similar to those stated by Dr. Cameron. He (Dr. Cooper) insists on using corrosive sublimate whenever there is any abrasion of the vagina.

Dr. Trenholme said he had never had a case of septicæmia in his practice, though he never uses a tube, and believes this result due to his great care in removing the membranes and placenta entire.

Dr. Shepherd called attention to the results, as stated by Dr. Cameron, of removing by the curette any adhering portions of the placenta as soon as septic symptoms appear.

Dr. Cameron, in replying, stated that the use of the jute pad and iodoform to the vulva after delivery was analogous to the mode of stopping a test tube in germ culture. There is always danger carrying in air with the douche, and for that reason prefers the dry dressings.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

The ordinary monthly meeting was held on Friday evening, Feb. 4th, Dr. Rutherford, the President, in the chair.

Dr. Bray reported a case of double synchronous amputation of the upper extremities, in a boy seven years old, with a good result.

The injury necessitating this operation was a crush of both arms by a shunting railway-car. One arm was taken off two inches from the shoulder-joint, the bone not being shattered into it, and the other about the middle of the forearm. Dr. Bray wished to know if his treatment was correct, or should he have disarticulated at the shoulder. Most of the members present thought he pursued the proper course.

Dr. Rutherford related the case of a boy shot in the palm of the hand, the bullet lodging about two inches above the wrist. The bullet

was removed and both wounds closed with lint soaked in compound tincture of benzoin, with compresses of wadding over this. Both wounds were perfectly healed, and the boy able to return to his work in four days.

Dr. Holmes narrated a case of suppression of urine, which will be published in full at some future time.

Dr. Bray read a paper on

THE TREATMENT OF PNEUMONIA,

dividing his cases into children, adults, and those over forty-five years old.

Children.—First, clear out the bowels with oil or rhubarb and soda, with a little grey powder, then give a mixture of spirits mindererus, aether nitrosi, and in some cases, tincture aconite, with small doses of quinine. At the same time he envelops the chest and back with hot linseed poultices, applying a leech or two over the chest if there be much dyspnoea. After the acute symptoms have subsided, substitute a cloth soaked in chloroform liniment B. P. and covered with oiled silk, for the poultices. If cough be troublesome a stimulating expectorant of carbonate and muriate of ammonia with squills and senega is given. Diet on milk, adding lime water and pepsine, when necessary. He rarely gives anodynes to children, except when acute pleurisy is present. If the latter be subacute with much effusion present he applies iodine or cantharidal collodion.

Adults.—Much the same treatment will suffice. Pain must be controlled by opium. If the heart be weak, leave out the aconite, and add digitalis to the mixture given in the acute stage in children, also give stimulants in the form of brandy or whiskey. The great danger in these cases is from heart failure, and this must be guarded against by every possible means, medicinal and dietary.

In the last class of cases stimulants must be given from the first, unless the pyrexia be very high, and even then they often act well, slowing the pulse and lowering the temperature. In these cases especially, avoid blisters and all depressing measures. The reader of the paper has seen nothing to convince him that pneumonia is contagious; but believes that climatic and atmospheric influences produce endemics

or epidemics of it. When this latter is the case, the prognosis must be guarded and stimulants given early.

All present joined in the discussion following this paper, and in general agreed with the reader of it.

Obituaries.

MICHAEL BARRETT, MA., M.D.

No man in Canada was better known in connection with educational matters than Dr. Barrett. For more than forty years his life's work was devoted to teaching, especially in the Toronto School of Medicine and Upper Canada College, though his labors were by no means confined to these two institutions. Although, to a certain extent, he felt the infirmities of age during the last few years, still his faculties and perceptions were unimpaired. He gave his regular lectures as usual during the present session in the Medical Schools. On Friday last he delivered lectures in the Woman's Medical College and Toronto School of Medicine, when he appeared as well as usual. On the following afternoon he seemed in ordinary health and spirits when he was seen by his daughter at 2.30 p.m. At 2.45 his dead body was found lying on the floor of his office.

He was born in London, England, August 16th, 1816, and was therefore in his 71st year. He received the greater part of his education in France. During his school days he acquired a burning desire to travel. It was thought that a short time on the sea would suffice to satisfy his boyish ambition, and he was allowed to go. Contrary to the expectations of his friends he remained a sailor for about two years, being during the greater part of this time an "ordinary hand before the mast." After this he came to Canada with his father (an English barrister), who brought his family to Toronto. The elder Barrett soon removed to Natchez, Mississippi, with the greater portion of his family, while young Michael went to the Georgian Bay, where he bought a vessel, and for a few months indulged his tastes for nautical pursuits. During the Canadian rebellion he engaged on the side of the loyalists, and was

for some time stationed in Penetanguishene where he was acting as quartermaster. While there he was married to Miss McCallum, of Toronto.

After the rebellion he went to his father's residence, in Natchez, where he remained about three years. He then came to Toronto, and studied law in the office of Messrs. Strachan and Cameron for two years. At this time a vacancy occurred in Upper Canada College, and he was appointed to fill it. He was then 29 years of age, and retained his active connection with that institution for 35 years—from 1845 to 1880—being first a teacher in English, after a time in French, and finally in Physiology and Chemistry. After entering upon his duties in Upper Canada College he gave up the study of law and went through an arts course, graduating in Toronto University, in 1849. He then went through a course of medicine and passed before the Provincial Medical Board in 1852, and received the honorary degree of M.D. from Victoria University in 1855.

He became lecturer in chemistry in the Toronto School of Medicine in 1852, and with the exception of one interval of one session and a half in 1880, 1881, retained his connection with that School till the day of his death. When the difference arose between the late Dr. Rolph and the other members of the Faculty, Drs. W. T. Aikins, H. H. Wright, Uzziel Ogden, and Barrett severed all connection with Dr. Rolph and carried on the work in the school under the original charter, which had been granted in 1843. These were dark days for the energetic and able young faculty, whose work for many years was a labor of love, under the most discouraging circumstances; but the proud position of the school to-day with its fine building, fully equipped, and filled with zealous students, and its hundreds of flourishing physicians in all parts of the world, is a living monument of their noble work. Let us hope that in future times their exertions will never be forgotten, but rather that due credit will always be given to those who were practically the founders of the Toronto School of Medicine.

When the late Dr. Bovell resigned his position as lecturer in Physiology, Dr. Barrett was appointed to the chair. At the same time he

was made lecturer on physiology in the Veterinary School of Toronto, which position he held till the present time, with great satisfaction to the veterinarians and himself.

During the troubles in Kingston, four years ago, arising from the presence of female medical students, Dr. Barrett conceived the idea of organizing a college exclusively for females who desired to study medicine. During the summer of 1883, with the assistance of a few friends interested in the matter, he succeeded in establishing the "Woman's Medical College of Toronto," which to day exists in a flourishing condition, mainly through his untiring, unselfish, and unremunerated exertions.

The last few weeks of his life were saddened by the loss of his estimable wife, who died three months ago, and by the severe affliction of his eldest daughter, who has a hopeless malignant disease; but notwithstanding these circumstances, he was cheerful and bright as ever, evidently wishing to live and work for those depending on him. He leaves four sons and two daughters. Of these the sons are away from home. Mrs. Campbell will soon follow her father. Miss Florrie, who has been as his right hand for some time, and the grand-children will be left. Into their grief we will not dare to enter, but will simply pray that a kind Providence will assuage it as far as possible.

We have scarcely command of words to describe the character of our friend who is gone. He was, as a man, cultured and refined: he was possessed of those characteristics of innate nobility, which made him absolutely incapable of doing a dishonorable act: he was kind, patient and efficient as a teacher: he was a true and steadfast friend: in his family relations he was a loving husband, a considerate and indulgent father and grandfather.

DR. J. W. PATTERSON.

Dr. J. W. Patterson died in Toronto, February 20th, at the age of 33. He was a graduate of Toronto University in Arts (1879) and Medicine (1884). During the last year of his course in the Toronto School of Medicine he was a Resident Assistant in the Toronto General Hospital (1883-1884). His devotion to his work

there undermined his constitution, not naturally strong, and phthisis finally caused his death. He practised two years in Harrowsmith, and removed to Toronto in the spring of 1886. His death is a sad blow to his young widow and his many friends, by whom he was much beloved. In a few words, we may say, his character was as nearly perfect as anything in this world can be, and he possessed all the abilities and good qualities which combine to make the highest type of an honorable and successful physician.

Professor Carl Schröder, of Berlin, one of the ablest and best known gynecologists in the world, died in February. He was about 50 years of age. We learn that nearly at the same time two distinguished Parisians died: Professor Gallard, a gynecologist, and M. Raige-Delorme, a physician.

Professor Baumgartner, for a long time Director of the Medical Clinic, at Friburg, died recently, aged 88.

At Listowel, on Dec. 30th, 1886, of typhoid fever, A. M. Sloan, M.D., son of Dr. W. Sloan, of Blyth, aged 27 years.

Book Notices.

Vesical Irritation in Women. By Virgil O. Hardon, M.D.

Sterility: Management of the Secundines. By WM. H. WATKIN, M.D., Louisville, Ky.

The Medals, Jetons and Tokens Illustrative of Obstetrics and Gynecology. By HORATIO R. STOVER, A.M., M.D., Newport, 1887.

President's Address at the Tenth Annual Meeting of the Detroit Medical and Library Association. By C. J. LUNDY, A.M., M.D.

Further Remarks on Hepatic Phlebotomy and Puncturing the Liver's Capsule as Remedial Measures in Hepatic Diseases. By George Harvey, M.D., London.

Index Méthodique et Catalogue Descriptif des Livres et Journaux Anciens et Modernes, Français et Etrangers sur les Sciences Médicales. Paris: Librairie, J. B. Baillière et Fils. 1887.

Pharmacopœia of the Montreal General Hospital. Gazette Printing Company, Montreal.

This is prepared after the manner of the Pharmacopœias of the London hospitals, and will compare very favorably with any of them.

Popular Science Monthly.—The March number of *The Popular Science Monthly* will contain a portrait of the late Professor E. L. Youmans, engraved on steel by Schlecht. The likeness is considered remarkably vivid, while the execution of the work is much superior to ordinary book-plates.

Alpine Winter in its Medical Aspects. With Notes on Davas Platz, Weisen, St. Meritz and the Maloja. By A. TUCKER WISE, M.D., L.R.C.P., M.R.C.S.

The third edition of this volume of the Alpine Climate Series has reached us. In addition to interesting and instructive matter contained in the previous editions, a special portion of the book has been devoted to the description of the Maloja Kursaal, a residence constructed on sanitary principles, and having apparatus for introducing ozone and volatilized remedial agents into any pair of chambers without infecting other rooms. On the whole, this little book forms an excellent guide to those contemplating a visit to that bracing Alpine health resort.

A Clinical Manual of the Diseases of the Ear. By LAWRENCE TURNBULL, M.D., Ph.G. Philadelphia: J. B. Lippincott Company, 1887.

The second edition of this work has been presented to the profession, enlarged and revised by the author's extended hospital experience, which has been very large. Advantage has also largely been taken of the writings of other eminent men, Profs. Gruber and Politzer, of Vienna, Kramer, Toynbee and others, and extensive quotations are made therefrom. A feature of the work is the great part which the author's case-book plays. Short histories of cases in

note form are given to illustrate the various affections. This practice is carried out very extensively, but it is questionable whether it is to be commended. The chapter on the Physiology of Hearing is very interesting. The treatment of the diseases of the nervous apparatus (nervous deafness) by electricity, is fully described and commented upon. The chapter on Deaf Mutism is most complete. The history of the education of deaf mutes, the methods of instruction, the institutions in the United States (thirty-three in number), and in other countries, in fact, almost everything in connection with this important subject is fully discussed. In the frontispiece are four or five chromolithographic plates of the anatomy of the ear, but they are too small to be of value in the study of it. The work on the whole is praiseworthy. It is well printed in clear type, and will doubtless have an extensive sale.

A Text-Book of Medicine for Students and Practitioners. By DR. ADOLF STRUMPELL, formerly Professor and Director of the Medical Polyclinic at the University of Leipsic. Translated by permission from the Second and Third German Editions, by Herman F. Vickery, A.B., M.D., Physician to Out-Patients, Massachusetts General Hospital, etc., and Philip Coombs Knapp, A.M., M.D., Physician to Out-Patients with Diseases of the Nervous System, Boston City Hospital. With Editorial Notes by Frederick C. Shattuck, A.M., M.D., Visiting Physician to the Massachusetts General Hospital, and to the House of the Good Samaritan. With 111 Illustrations. Very large octavo. Cloth. Pp. 981. Price, \$6. New York: D. Appleton & Co.

Dr. Shattuck, in his editorial notice, says that "the work has achieved great success and has been adopted as the text-book in the theory and practice of medicine in Harvard University." In Germany and Austria it has taken the place of Niemeyer's famous work, and is considered equal with Eichorst's practice of medicine, being recommended as the text-book in the medical department of Vienna University. Strümpell has accepted Koch's theory of the bacterial origin of some diseases in its fullest extent and leaves no doubt in the minds of his readers that cholera, typhoid fever, asthma, tuberculosis and

relapsing fever are due to pathogenic micro-organisms which can be demonstrated microscopically. The chapter on malarial disease is accurate, although we expected to see incorporated the recent researches of Dr. Councilman in addition to those of Marchiafava, Celli, and Tommasi-Crudeli. The chapter on pneumonia is excellent. Friedländer's capsule coccus is mentioned as a casual possibility, and we hope to see in the next edition the diplococcus pneumoniae of Weichselbaum take a prominent place as an ætiological factor in the production of lobar pneumonia. Tuberculosis of the lungs is dealt with fully, while the diseases of the heart are rather condensed. Stress is laid on the diagnosis by means of the sphygmograph in the four chief valvular lesions. The sections on diseases of the spinal cord are without doubt the best we have seen, being illustrated and forcibly written and are more instructive than even the renowned volumes of Bramwell and Gowers. The work throughout is well illustrated, and is one which can be read and studied by the student, general practitioner, and specialist with both pleasure and great profit.

Personal.

Dr. John Leeming will commence practice in Chicago.

Dr. H. J. Hamilton has located in Woodbridge.

Dr. Pomeroy, of Dresden, has returned from Vienna.

Dr. Cuthbertson has opened an office on Bay Street.

Dr. Baxter was selected Speaker of the Ontario Legislature.

Dr. J. Caven and Chas. Trow are now in Strasburg, Germany.

Prof. Osler will read a paper before the Toronto Medical Society in April.

Dr. Watson Cheyne, the London Bacteriologist, was recently married.

Prof. Billroth was appointed by the Emperor a peer of the Austrian Empire.

Dr. J. C. Carlyle has successfully passed the examination for the triple qualification, Edin.

Drs. Charles Trow, Pepler, McKeague, and Maxwell have passed the L.R.C.P. examination in London.

Dr. Otton, of Mount Forest, now in New York, is expected to join the 207 doctors in Toronto on his return.

Dr. Lehmann, of Mitchell, leaves this month for a two years absence in Europe. Dr. Woods takes his practice.

Drs. A. A. Macdonald and Baines have returned from a protracted visit to the gynaecological clinics of New York.

The profession will be well represented in the Dominion Parliament, Dr. McDonald, of Wingham, being among the number.

Prof. Virchow, of Berlin, elected to the German Parliament, is an able politician as well as an eminent pathologist.

Miscellaneous.

Prof. Parvin states that pruritus vulvæ may be sometimes due to wild hairs.

The next meeting of the British Medical Association will be held in Dublin, in August, 1887.

According to Ricker's *Almanack of Practitioners* for 1887, there are sixty-three women practising as physicians in St. Petersburg, thirteen in Moscow, and three in Kharkov.

It was indeed an ingenious physician who traced the cause of a case of lead poisoning to the patient's habit of holding a *lead-pencil* in the mouth. But then the patient did not know that lead-pencils do not contain lead — *American Druggist*.

TO DISTINGUISH OLEOMARGARINE FROM BUTTER.—J. Horstler recommends the following procedure: A piece of oleomargarine, the size of a hazel-nut, is placed in a test-tube, and the end made air-tight. In another test-tube a like quantity of butter is treated in the same way. When both test-tubes are held in the hand, the oleomargarine soon liquefies, forming a clear solution; whilst butter requires double

the time for solution, and when dissolved is not so clear as the oleomargarine solution. When the tube is filled one-third with ether, the oleomargarine is easily dissolved, and does not produce any turbidity or precipitate on the addition of alcohol. Butter when treated in like manner yields a precipitate.—*Microscope*.

CASES OF SKIN ERUPTIONS AND SYPHILIS TREATED WITH HORSFORD'S ACID PHOSPHATE.—It appears to me that the "Acid Phosphate" originally prescribed by Prof. Horsford, of Cambridge, U.S., is not so well known in this country as its merits deserve. A glance at the formula will however readily convince one of its value in suitable cases. Each fluid drachm gives on analysis $5\frac{1}{2}$ grains of free phosphoric acid, and nearly four grains of phosphate of lime, magnesia, iron and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success.

Mr. G., aged 69, consulted me November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy business life, with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., aged 46, consulted me in December, 1885, for psoriasis, all over the body, more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day with marked good effect. Patient had been much exhausted by continuous nursing on an invalid mother.

Mr. C., aged 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits from which he suffered, with excellent results.

Mr. McJ., aged 63, consulted me in November, 1885, for lichen rubra, which was accompanied with intolerable itching. He was a nervous, irritable man. I prescribed the acid tonic with the effect that in December he presented himself quite convalescent.—*Mr. James Sartin, in the Medical Press, London, Eng.*

THE Canadian Practitioner

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TORONTO, APRIL, 1887.

Original Communications.

BIOLOGY IN MEDICAL EDUCATION.

BY PROF. R. RAMSAY WRIGHT, UNIVERSITY
COLLEGE.

A question of the greatest interest to the profession is at present engrossing the attention of the Senate of the University of Toronto;—whether it is possible to bring about a more intimate relationship between the University and her medical undergraduates than is at present effected by the system of examinations. One of the proposals made, which would certainly result in bringing together more closely the arts and medical students, is that the preliminary scientific training of undergraduates in medicine shall be entrusted to the University Professoriate. It is this proposal which induces me to offer a statement of my views on the character and extent of previous training which a student ought to have before entering on the study of the medical sciences. I begin with the subject of Biology, which is under my own supervision.

It is the more necessary that I should do so, because the opinion has been freely expressed by at least one gentleman engaged in Medical Education, not only that the knowledge required to pass the University Examination in Biology is entirely useless to the medical student, but that the falling off in the numbers of medical graduates is to be wholly attributed to the imposition of this Examination. I hope to show (1) that the latter statement is not correct, and

(2) that, even if it were, the University would not be justified in dispensing with the Examination in question.

I do not propose to support the first assertion further than by stating that some gentlemen, who have looked very closely into the matter, agree with me in attributing the diminished number of graduates in medicine (1) to the imposition of a separate Matriculation Examination; (2) to the elevation in standard of the New Curriculum; (3) to discrepancies between it and that of the Council; and (4) to the exaction of Annual Examinations. Since these changes were carried out in 1878 the regulations have been from time to time modified with regard to the 1st, 3rd, and 4th particulars, with the result of a corresponding increase in the number of candidates presenting themselves for examination at the University. It is improbable that the University will desire to add to the number by lowering the standard of Examination.

The remainder of the space kindly placed at my disposal I propose to occupy by defending my second position, viz., that an examination in Biology, similar to that at present held by the University, must be continued, because it aims at ascertaining whether the student is possessed of a kind of knowledge and of a kind of training which are invaluable to him at that period of his studies.

It is surprising that so much ignorance and misconception prevail as to the place which Biology now occupies in the higher liberal education of to-day as to its objects, and as to its

scope. The word itself is as old as the century, but the kind of teaching which Biologists now aim at—the inculcation of general principles on a foundation of thoroughly practical knowledge—has raised the Biological studies to a much higher position in liberal education than the Botanical and Zoological teaching of the past generation ever had accorded to them.

Biology investigates the form, structure and development of organisms; the modes in which the various parts perform their functions, and the relations between the organisms themselves, and between them and their conditions of existence.

Medicine is based on two sciences—Pathology, which discusses the nature and causes of departure from the normal in structure and function, and Therapeutics, which investigates how, by varying the conditions of existence, an organism may be restored from an abnormal to a normal state. As the abnormal can only be understood in terms of the normal, it is obvious that the medical sciences fall within the domain of Biology, and that the best introduction to the study of the former is a clear grasp of the elementary principles of the latter.

How, then, can such a clear grasp be best obtained? In the first place the student must be familiar with the chief sub-divisions of the vegetable and animal kingdoms, and have some knowledge of the reasons for arranging the different forms of plants and animals under these. But he ought not to be required to burden his memory with details of the classification of animals and plants, or with explanations of the often unwieldy nomenclature of the specialist. It is in such directions that mistakes have been made in the past, where Botany, *e.g.*, seems to have retained a place in Medical Education more as a survival of the knowledge of the Herbalist, than as an aid to understanding the general phenomena of life. What is wanted is an orderly arrangement and extension of what may be termed ordinary Natural History knowledge, and which, in fact, the student should bring with him in suitable form from his High School.

In the second place the student must proceed to a careful study of the structure of some well-selected types of the Animal and Vegetable

Kingdoms. Biology has arrived at its principles by means of observation and comparison, and the student, in accordance with a well-established pedagogical maxim, can only obtain an insight into these principles by following the same road. But there are other reasons besides the desirability of cultivating the faculties of observation and induction, which render such a course necessary. Firstly, a thorough elementary knowledge of the minute structure of cells and tissues, and of the varied technique required in their study, can only be acquired comparatively. Secondly, the student must familiarize himself with the general structural features of those animals, on which his physiological knowledge will afterwards be based; and thirdly, he ought to be familiar with the structure and life-history of those pathogenic organisms, animal and vegetable, which are responsible for such a large class of diseases. Lastly, it is a significant circumstance that all universities of the first class impose a similar course and a similar examination on candidates for their degrees in Medicine.

In the third place, before the student proceeds to study Physiology he must already have mastered the rudiments of Chemistry and Physics, for Physiology is the attempt to follow the chemical and physical phenomena occurring within organisms, and consequently the methods of these sciences and their laws must be learnt, not from books alone, but by actual laboratory practice. As with Botany, so with Chemistry; its relations to the Art rather than to the Science of Medicine have been kept in the foreground, while Physics, which is of equal importance, is, in most cases, ignored in medical education. I hope to return in a future article to this important subject of the necessity for preliminary work in Chemistry and Physics before the student approaches the study of Physiology.

It may be asked how far the university requirements in Biology accord with the scheme of preliminary training laid down above. It is quite possible that these requirements may be modified in the future, but the most important of them, which insists on the thorough study of certain typical organisms in the laboratory, will always be retained. It is a matter of quite

subordinate importance whether the text book at present employed (that of Huxley and Martin) be continued; some of the chapters might advantageously treat of different forms, while others again, such as those on bacteria, moulds, the frog, etc., are quite necessary for reasons referred to above.

It is hardly to be wondered at that the significance of such a course should have remained obscure to those whose education would dispose them to look at medicine rather as an art than as a science, and that it should have earned among them the "not contemptuous but playful" sobriquet of "frogology." Nevertheless, as the advance of medicine as an art must depend on its development as a science, it is difficult to regard such an attitude playfully and not contemptuously.

Should such a more intimate connection between the University of Toronto and medical education be effected as is proposed, I trust that the medical profession will see not only that the Medical College is fully equipped with pathological, bacteriological and pharmacological laboratories, which will permit students to gain such a practical acquaintance with these specially medical sciences as will enable them to assimilate with greater ease the vast body of knowledge which they must acquire, but also that there is ample provision made in the University for the preliminary scientific training in those subjects already forming parts of the Arts Curriculum, which alone can render them capable of profiting to the utmost by such opportunities. In this way, while the Medical Council is responsible for the practical efficiency of its licentiates, the University will turn out annually a body of graduates more interested in the progress of their Alma Mater, and more in sympathy with the development of scientific education in the Province.

The German Physicians' Union has issued a paper advising young men against entering the medical profession, as the prospects of doctors are becoming worse yearly.

An American Journal of Biology has been started in Chicago. Edited by Dr. H. D. Valin.

THE SUBIODIDE OF BISMUTH IN THE TREATMENT OF WOUNDS.

BY L. M. SWEETMAN, M.D.

(Read before the Toronto Medical Society, Mar. 10th.)

The subiodide of bismuth in the treatment of ulcerations was the subject of a very clear, original and instructive paper by Dr. A. S. Reynolds of Philadelphia, which appeared in the *Medical News* of October 9, 1886.

In 1876, while resident surgeon to the Presbyterian Hospital of Philadelphia, an experimental chemist sent to Dr. Reynolds a sample of the subiodide of bismuth. The effect of this sample upon some cases of ulcers then under his care was, he states, simply marvellous. He procured a further supply, and now, after a thorough trial extending over ten years, he claims that it is almost a specific in gonorrhœa, in various specific and septic inflammations, oral and nasal catarrh, ophthalmias, and in chancroids, rectal ulcers, and in various discrasic and cachectic ulcers.

Impressed with the enthusiasm with which Dr. Reynolds recommended this compound, and the results which he reported as following its use, I determined to procure a sample to be used in a case of indolent ulcer situated over the outer malleolus. Two days after first applying the subiodide, the ulcer assumed a healthy appearance, and within ten days it was completely healed. A few days later a somewhat similar case was brought to me. This time the ulcer was situated over the belly of the tibialis anticus, and measuring 3 inches long and $1\frac{1}{4}$ in width. After bathing the part thoroughly with a saturated solution of boracic acid, I sprinkled on the powder, strapped and bandaged carefully, and left it for two days, after which I reapplied the dressing; and on calling three days later was surprised, on removing the dressings, to find the ulcer almost healed, a small circular patch about the size of a ten cent piece alone remaining open. This cicatrized a few days later. The patient, a woman of about 60 years, was allowed to go around as usual.

Living in a portion of the city in which accidents are of very common occurrence, I have often felt the need of a satisfactory dry dressing, but think I have at length found it in the

subiodide of bismuth. Allow me to relate a case or two.

A man, upwards of 45 years of age, came to me with the statement that he had lost the end of the index finger of the right hand. It had become engaged in a newspaper folder, and was crushed through just before the last phalangeal articulation. It was a compound fracture of the last phalanx, the integument and a little connective tissue alone remaining. The hand was placed upon a broad padded splint, the wound flushed with boracic solution, the parts placed in position, no sutures being used, as the edges of the wound were badly bruised. The subiodide was applied under gutta percha tissue. Every two or three days the wound was washed with boracic solution, and fresh iodide applied. The bone united, and the wound healed without the formation of a drop of pus.

A few weeks ago I was sent for to see a man who had run his right hand through a pane of glass, dividing three of the extensor tendons. Assisted by Dr. W. H. Aikins, I proceeded to suture the tendons. The proximal ends had, by attempts at using the arm, become much retracted, and now lay under the upper margin of the annular ligament of the wrist. To save this we opened up the sheath above the ligament, and threading the tendons separately, drew them down into their proper grooves, united the tendons, and stitched up the wound. The subiodide and a compress of absorbent cotton saturated with boracic solution applied. The whole healed without the formation of pus, although a portion left open for drainage healed by granulation.

I have also used the subiodide in several small plastic operations where considerable surface was left denuded of epithelium, and in these cases also granulation was completed without suppuration.

Two weeks ago a young man was brought to my office, a solid piece of steel about the size and shape of a stove-pipe having dropped upon his foot, crushing badly the three first toes. After removing the nails and considerable integument and connective tissue which only remained connected by a few shreds, I dressed the wound with the subiodide of bismuth. In five days, on washing off the powder, two of the toes were

found to be entirely healed; and now the large toe, from which fully half an inch had been removed by the squeezing, is almost skinned over. In this case also no pus was formed.

But the cases in which I have used the subiodide with most satisfaction have been severe labor cases occurring in primiparae, where, from want of proportion between the size of the head and the pelvis, or from a too early rupturing of the membranes, the maternal soft parts have suffered considerable bruising. In these, since using the subiodide, the highest temperature noted has been 100°, and that for less than 36 hours. Repair has been completed without the formation of pus, and even the usual heavy odor of the lochia disappears. In these cases no syringe is used. The powder is applied by means of a powder blower, with or without the assistance of a speculum. I have no desire to add to the contents of the obstetrical bag, but those who use the subiodide in these cases will not, I am sure, regret the extra labor incurred either by their carriage or use.

Mode of application.—In incised wounds which are not too deep, after arresting all bleeding and securing perfect coaptation of the parts, the line of incision is painted over with a paste of the subiodide, which is renewed every two or three days, the old powder being washed off with a solution of boracic acid, aluminium acetate or weak alcohol.

Abrasions are to be rendered aseptic by the application of one of the above solutions, and the powdered subiodide dusted on. In these cases this form of treatment is especially convenient, as the parts are not easily bandaged; or if the bandage is applied it is at the expense of comfort, as in abrasions of the face, elbow or knee; here the dry coating of subiodide forms an admirable protection to the denuded surface.

In deep wounds, especially if there has been much bruising so as to render it probable that there will be much oozing, it is better, after stitching and applying the powder, to adapt a compress of absorbent cotton, and cover with oil silk or gutta percha tissue and a bandage. Catgut will be found to be the most convenient suture, and may be prepared either by Kocker's method, by placing the raw gut in English oil of juniper for two or three days, then transfer-

ring it to absolute alcohol, in which it is kept until required for use; or by the chromic acid process, in which the gut is placed in a 10 per cent. solution of carbolyzed glycerine for 48 hours, then placed in a half per cent. solution of chromic acid for five days, and afterwards preserved in absolute alcohol. Prepared in the latter way the gut can ordinarily be relied upon to keep parts in contact for from twelve to fourteen days, producing no irritation.

Mode of Application in the Treatment of Ulcers.—The surface of the ulcer and the surrounding parts are thoroughly washed first with warm water, then with an antiseptic solution; the powder is then applied liberally to the surface of the ulcer; the limb—if the ulcer be situated upon a limb—is held vertically for a few minutes to drain it; then strapping, one inch wide, extending several inches above and below the ulcer, and a bandage commencing at the foot, if the ulcer be upon the leg, are applied. The patient is allowed to go about as usual, the dressing being changed every two or three days.

Its advantages as a dressing are—

1. That it is a reliable antiseptic.
2. That it is not easily volatilized, and when properly applied the dressing may remain untouched for several days.
3. That it has no objectionable odor.
4. That it produces no irritation.
5. That there is no danger from absorption, and is harmless even when taken by the mouth.
6. That if the subiodide of bismuth is used properly, the prognosis in every case may be certain cure in half the time, and with far better results than can be maintained by any other treatment I have seen employed.

HYSTERICAL SLEEP.—Charcot recently had a woman under his care in whom sleep continued for 54 days, and was followed by two days of restlessness, accompanied by hallucinations. There was no difficulty in feeding the patient, reflex movements of deglutition occurring whenever anything was placed in the mouth. The urine and feces were passed involuntarily. The patient awoke spontaneously and had no recollection of her long slumber.—*Birmingham Review.*

CLINICAL LECTURE ON A CASE OF COMPLEX LABOUR.

BY A. T. CARSON, M.D., EDIN.,

Lecturer on Midwifery, Woman's Medical College, Toronto.

LADIES,—I have just attended a case which illustrates a number of the questions we have lately been considering with reference to complex labour. I had previously attended the patient, and with the exception of a slight narrowing of the outlet, causing some delay towards the end of the second stage, her obstetric history was particularly good. Under these circumstances, and as she lived near me, I was tempted to leave my obstetric bag behind, to be sent for if necessary, but luckily did not do so. The case progressed naturally, and the birth took place after the usual slight delay. It was at once seen that the child was dead, and discolored, and that it was a twin. Having ascertained that the second was also a cranial presentation, I gave a gentle, steady support to the uterus and waited. At the end of twenty minutes I proceeded to excite the uterus by pressure, gave a dose of ergot (this being the sole case in all midwifery in which I consider it good practice to administer ergot to hasten the birth of a viable child), and ruptured the membranes. With the rush of waters the funis was brought down, and with a pain the head descended right into the cavity of the pelvis, so that there could be no question as to the possibility of replacing the cord. There was then no pulsation in it, and, as the first child had evidently been dead some time, one might naturally have supposed that both were so and that interference was unnecessary; but, remembering that we may easily fall into a fallacy if the examination be made only during a pain, I retained the cord in my fingers, and as the pain passed off the pulsation returned. The pains now became very frequent, so that had it not been for the narrow outlet the case would have terminated promptly and satisfactorily without further trouble; but as it was evident that a delay sufficient to terminate the life of the child would occur, the use of the forceps was imperatively called for. And now the activity of the uterus, which under other circumstances would have been the salvation of the child, almost

caused its death. One of the fundamental rules for the use of the forceps is that they must be introduced only between the pains—not even the imminent danger to the child could justify the risk of injuring the mother—and as the pains were nearly continuous a greater delay than I could have wished, when moments were precious, was unavoidable. On birth the child seemed dead, and, directing the nurse to support the uterus, and observing that there was no appearance of hemorrhage, I proceeded to resuscitate the child, in which I happily succeeded, the nurse in the meantime assuring me that she was giving good support and that there was firm contraction. Notwithstanding this statement, on taking charge of the uterus myself I found it fully distended with huge clots, and as large as a six months' pregnancy, and this in a patient who had never had any hemorrhage in previous labors and with no external loss. On expressing the clots and placenta the hemorrhage ceased, and both mother and child have since done well.

To recapitulate the lessons this case teaches. Always go to every case prepared for emergencies. Twenty minutes or half an hour is a long enough rest to give the uterus after the first birth before exciting contractions. The use of ergot to hasten the birth of the second twin is admissible, provided there be no special contraindications. Be sure to examine a prolapsed funis for pulsation in the interval between the pains. Never attempt to introduce forceps during a pain. Twin cases are more liable to hemorrhage. There may be severe internal hemorrhage without any external loss. Never trust an inexperienced nurse to support the uterus any longer than you can possibly avoid.

Heller (*Tageblatt der arezte zu Berlin*) considers that the majority of cases in which endocarditis develops as a complication of an infectious disease it is due to the presence of micro-organisms. He examined several cases of valvular endocarditis in phthisical subjects, and discovered in five of them the tubercle bacilli on the valves.

Thirty of the students of Upper Canada College are the sons of physicians.

THE BACILLUS OF TYPHOID FEVER.

BY W. H. B. AIKINS, M.D.

(Read before the Toronto Medical Society.)

It will be my endeavor to give a brief *resumé* of what has already appeared in the literature on this subject, and refer to some of the many experiments which have been the outcome of the growing belief that there is in connection with typhoid fever a specific micro-organism, and also to demonstrate that micro-organism which the investigators are agreed is present in all cases of typhoid fever. There yet remains unconnected, however, one link which would seem to place typhoid with the four diseases already fully accepted as being due to the presence of an organized pathogenic poison, namely, tuberculosis, anthrax, cholera and relapsing fever; and that link is missing owing to the impracticability of testing pure cultures on man, and for animals the bacillus is not pathogenic, although its introduction into the bodies of animals may evoke symptoms and pathological changes which might, were the constitutional conditions similar, appear analogous to the lesions in the human body.

Eichorst, the Director of the Zurich Medical Clinic, and Rindfleisch, in his latest edition, seem to accept fully the bacillus of Eberth—who was the first to describe it—as the casual agent of typhoid fever, and Stümpell in a few words leaves no doubt as to his acceptance of the bacterial origin of the disease, viz., "That typhoid fever can result only from an infection of the body with actual typhoid bacilli, and never through any other bacteria—never through the products of decay and decomposition, tainted food and the like." There does not yet exist the slightest proof that typhoid bacilli can be developed from any other micro-organism. Concerning the exact manner of production views differ greatly. Rindfleisch mentions that the bacteria grow particularly well in spring water; Pettenkofer regards the ground soil as the chief place of development for the schizo-mycetic fungus of typhoid. As regards the possibility of infection, various sources must be considered—polluted water, infected food, or the emanations from the dejecta. Sewer gas in itself is not an exciting cause, but it may be

come so through typhoid dejections being constantly added to the contents of sewers where the conditions are favorable to the growth and development of the bacteria.

Hueber and Becker, and also Flugge, give accurate descriptions of the appearance and growth of these bacilli. Their growth on potato is most characteristic and important—though in a negative way—for the certain differentiation of typhoid bacilli from all the other known bacteria. Many of the other forms of bacteria present a distinct growth on potato, but if a small quantity of typhoid bacilli be taken and spread on a cooked potato, almost no change will be observed on the inoculated surface, even after two or three days. Perhaps a moist, glossy appearance may be present, but nothing more. If this part of the potato, however, is rubbed over, the impression is left that the potato is covered with a resistant skin, but when a small amount from the surface is examined microscopically, we can then readily be convinced that this skin consists of masses of bacilli which have covered the whole of the culture surface. If the potato be placed in a temperature of 35° C. the development progresses rapidly, but the surface of the potato remains still unchanged. On plates of nutrient jelly, the colonies are seen in 36 hours as small white points, which assume in 48 hours a greyish white appearance and have an irregular contour. In *stick cultures* in gelatine the part inoculated appears as a thin white thread, for the bacteria grow more rapidly on the surface of the nutrient jelly than where air is entirely excluded. On agar-agar the colonies appear as greyish whitedrops. In milk, Wolffhugel Reidel found that they grew with great rapidity but without causing any macroscopic change. The organism is a short, thick bacillus with clearly rounded ends which, in many cases, contain spores. They are endowed with great vitality and are particularly resistant to dryness. Some which Seitz experimented with, after having been kept in a perfect dry condition for four weeks, produced in nutrient jelly the typical colonies. Examination of the culture in a cell slide with *bouillon* shows that the bacteria possess active motion. Between 30° and 42°C. the spores develop rapidly.

Seitz was not able to find the bacilli in the blood or roseolar patches of typhoid patients, but the examination of the dejecta invariably gave positive results, being found in the second and third weeks of the disease. He also found the characteristic bacilli in the urine in two cases out of seven which he examined. In each of these two cases the urine was "albuminous."

Fraenkel and Simmonds found the bacillus in the spleen, and were able to make pure cultures which gave the characteristic growth, a peculiarity which Gaffky first pointed out.

In the liver, also, masses of the bacteria were found which were well stained by methyl blue. These investigators established an important point, namely, that the bacilli as such do not cause inflammation and suppuration in the organs. In six cases with complications—one suppurative parotitis, one lobular and two lobar pneumonias, one suppurative meningitis and pleuritis, and one post-pharyngeal abscess—these bacteria were not present, but always micro-cocci of different orders were found. Their results, like those of Seitz, were negative with regard to the blood and positive in the examination of the dejecta.

Their experiments on animals are interesting, guinea-pigs, grey mice and rabbits being used. The rabbits were inoculated in different ways, (a) through injections into one of the ear veins, (b) injection into the belly, (c) injection into the duodenum, (d) through inhalation of pure culture which had been dried and powdered.

In a few hours most of the animals which had been infected by the intra-venous and intra-peritoneal injections became ill; there was great depression, and marked languor in movement, and no attempt made at eating. Four of the animals had diarrhoea; the temperature was not taken. Death resulted in from two to four hours, seldom later than two or four days. Those animals which lived lost flesh rapidly.

The post-mortem appearance in the animals of all kinds was typical—swelling of the spleen, the mesenteric glands enlarged and blood-colored, and a marked swelling of peyers follicles. In several cases there were hemorrhages in the mucous membrane of the intestines and on the serous surfaces (pleura and pericardium), and,

lastly, there was in most animals a swelling and cloudy condition of kidney and liver.

Microscopical sections were made from these organs, and the position and arrangement of the bacilli resembled closely sections made from the human organs from a typhoid patient.

Somewhat similar results have been obtained by allowing rats and mice to be without eating for twenty-four hours, and then giving them food well impregnated with culture of typhoid bacilli.

The testing of the action of the different antipyretics—quinine, cinchon, antipyrin, thallin, salicylic acid, and naphthalin—on the cultures led to the conclusion that all of these, save naphthalin, held in check the development of the typhoid bacilli, whether the drugs were in solution or not.

COCAINE DOSAGE AND COCAINE ADDICTION.

BY J. B. MATTISON, M.D., BROOKLYN, N.Y.

The sad story, in a recent *Record*, of the Russian surgeon's suicide from sorrow or remorse due to his belief that a patient had died from an overdose of cocaine, points a moral, the import of which demands more than a passing notice.

No advent in the therapeutic arena during the last decade, has been attended with such varied and extensive claims for favor as cocaine. Its marvellous effect in ophthalmic surgery roused a spirit of experimental research in other directions which has added largely to its well proven power for good; but, as has been well observed, a potency for good implies a potency for harm, and the risk impends of its ardent advocates being carried by over-enthusiasm, beyond the limit of a safe regard for the welfare of their patients or themselves, that may imperil an otherwise well-founded success.

Surely it is, in the writer's opinion, full time to draw the line; to re-voice a warning as to the use and abuse of this valued, but, at times, toxic drug, lest the roll of alarming, dangerous and fatal effects from its ignorant or incautious using be sadly extended, and a reaction ensue

that, by creating distrust within and without the profession, will damage its good repute, and hinder its use in cases where it would be almost certain of serving us well. And the need of this seems all the more called for in view of opinions expressed, the past year, in certain quarters, affirming the harmless character of cocaine—opinions which, I am convinced, are at variance with well accredited facts, and should not be allowed to pass uncontradicted.

Cocaine seems to have secured for itself a more than usual share of attention aside from the professional press. One metropolitan daily, in particular, has, again and again, given its columns to a discussion of the topic, and in a somewhat lengthy article not long ago, an "eminent but unnamed specialist"—Dr. Francke H. Bosworth—was reported as saying "there is not a well-authenticated case on record, as yet, where cocaine has effected injury."

In view of cases cited in this paper, and others elsewhere recorded, such a statement is no longer tenable, and any conclusion based thereon as to the harmless nature of cocaine is misleading and incorrect.

And the evidence herewith presented weighs even more heavily against an assertion by Dr. Wm. A. Hammond, at a recent meeting of the New York Neurological Society, in the course of his "Remarks on Cocaine and the so-called Cocaine Habit," when, after telling of his taking eighteen grains at a subcutaneous dose, he asserted "he did not believe any dose that could be taken was dangerous!" What might be the outcome of such an opinion put in practice? The Russian surgeon's error of judgment, fatal to his patient and himself, was largely due to his reliance on the asserted use by other surgeons of large doses without ill-effect. Might not a like result follow an incautious dependence on Dr. Hammond's disbelief in the toxic power of cocaine? The *Record* well said of Prof. Kolomnin's case: "The experience, though so sad, may not be without its lesson," and put a very pertinent query as to whether "there are not other surgeons who could report very serious, if not fatal results from injudiciously or ignorantly using too large a dose of cocaine?"

Fifty cases herewith noted, attest a power in this drug on some patients, that warrants caution with all.

"A young woman, aged twenty-three, was sent to Prof. Kolomnin, and found to have a large ulcer of the rectum, which was diagnosed to be of tuberculous nature. He decided to scrape and cauterize the lesion and to use cocaine anæsthesia during the operation.

"In order to produce anæsthesia, he had fifty grammes of a five per cent. solution of hydrochlorate of cocaine prepared: of this, thirty grammes were brought into use, containing exactly twenty-four Russian grains of the salt, or twenty-three English grains—the Russian grain is exactly one-sixteenth of a gramme—six grains being injected at a time into the rectum. After the third of these injections, it was found on examination that the part was still sensitive. A speculum was then introduced, the ulcer dabbed with a dry sponge, and then the fourth injection given, making twenty-four grains in all. After this the parts were tolerably anæsthetic. The ulcer was scraped, and a tampon saturated with oil inserted. The pulse was then accelerated. During the operation the patient groaned, so that even the twenty-four grains had not produced complete anæsthesia.

"After the operation, Kolomnin went round his ward, and in three-quarters of an hour a message was sent to him that the patient was very low. He found the pulse very weak, the face and hands cyanotic, and the respiration labored. He considered that she was in a toxic state, and used every means to bring her round, Prof. Sushchinski being also invited to a consultation. Faradization, artificial respiration, hypodermatic injection of ether, administration of ammonia, tracheotomy for the inhalation of oxygen, stimulating and nutrient enemata—all were tried, but without success. Kolomnin had no doubt that death was due to cocaine."

Dr. W. H. Long, U. S. Marine Hospital Service, reports in the *American Lancet*, the case of a man aged thirty-three, to whose larynx he applied, three times, a four per cent. solution of cocaine. Prompt relief was given, but three and one-half hours later the patient was found unconscious; breathing, labored; res-

pirations, twenty; pulse, ninety; general condition, one of profound anæsthesia. Diagnosis, cocaine poisoning. Several doses of whiskey were given subcutaneously. In half an hour, consciousness partially restored, then gradual and full improvement save a feeling of great exhaustion.

Four days later cocaine was again used. Thinking the former toxic effect due to swallowing some of the solution, and probable absorption by larynx, extra precaution was taken to have it expelled and the pharynx well rinsed. Two applications of a two per cent. solution were made. Relief was again complete, but three and one-half hours after, patient was in same condition as before, except the anæsthesia not so profound. Frequently injections of whiskey were again used with partial success—could swallow and answer questions—but, soon after, he suddenly ceased to breathe. The heart beat a short time longer. All efforts at resuscitation failed. The probable immediate cause of death was paralysis of the respiratory centre due to cocaine.

Dr. F. M. Thomas, Leonardsville, Kansas, reported to Prof. R. Ogden Doremus, as follows:

"Friday morning, October 23rd, 1885, I was called to see Mrs. —, aged thirty-nine, whom the messenger reported as dying. I found her unconscious; breathing heavily and irregularly; pulse, thirty-five, intermittent; temperature normal; left pupil largely dilated, right natural; right arm and lower limbs motionless; face spasmodically drawn upwards toward the dilated eye.

"Spasmodic action of the left arm and upper part of the body came on regularly at intervals of a few minutes, during which she clutched the bed-clothing, and seemed to be trying to vomit. Twice during my attendance she ejected small portions of the previous evening's meal. Salivation was excessive; retained a dorsal decubitus; would not lie on either side. Heart seemed almost exhausted.

"I saw her at 5 a.m. and was with her nearly all the time till she expired, apparently completely exhausted, about 8:30 a.m."

On inquiry, the doctor learned that Mrs. — had been freely using a four per cent. solution

of cocaine, for toothache, due to several much decayed left upper molars. His diagnosis was cocaine poisoning.

Dr. Knabe, of Berlin, records the case of a girl aged eleven, who was given four to twelve drops—the exact amount was not determined—of a four per cent. solution of cocaine, by injection over the deltoid, to remedy frequent fainting fits—she having cardiac degeneration, sequelae scarlatina. In less than forty seconds the girl took a deep breath, became deadly pale and dropped unconscious. One minute later she was dead.

In the *Australasian Medical Gazette*, August, 1886, Dr. W. E. Ramsden Wood reports this case: "A. B. suffered from neuralgia, due to a defective tooth. Extraction being impracticable, cocaine—amount not stated—of a ten per cent. solution was injected, with prompt relief, lasting some hours. Next day, the pain, being very severe, patient sent to his chemist for a similar solution, and three minims were injected, but without the desired effect; he returned it to the chemist and asked him to make it stronger, which he did, making it twenty per cent. He brought this to me, but omitted to tell me that the solution was double the strength of that which I had used. He told me that three minims had not given him the relief that he had experienced from mine; I therefore gave him four minims of what I believed to be a ten per cent. solution, and within five minutes he became restless and inclined to vomit; he then began to feel a sensation of pins and needles in the left hand and arm, which rapidly extended to the right side. This was speedily followed by contraction and rigidity of the fingers, arms and legs; there was also a tendency to opisthotonos. His pulse became extremely rapid and feeble, his face livid, and the muscles of his mouth and cheeks strongly contracted. His respirations were short and convulsive, his feet and hands very shortly became cold, and a profuse perspiration broke out on his head and face.

"I first gave him half a tumbler of brandy, followed at short intervals by drachm doses of spiritus ammon. aromatic, and applied strong mustard over cardiac region, and used friction to the upper and lower extremities; at the same time I let him inhale a few drops of chloroform

to try and check the spasmodic contractions. After continuing these remedies for nearly an hour the pulse began to improve, the color to return to the face, and the rigidity of the muscles lessened, but returned immediately I stopped the friction. At the end of two hours he improved more rapidly, but felt somewhat drowsy, and it was not until about four or five hours that all the symptoms had subsided.

"On questioning him afterward regarding his sensations, he told me that although he was unable to speak coherently, he knew all that was passing, and it was not until he felt the abdominal muscles becoming rigid that he felt anxious, for then he thought he was dying, and a sensation of suffocation came over him."

Dr. T. H. Burchard, in the *Medical Record*, December 5th, 1885, reports a case in which he injected ten drops of a four per cent. solution to induce local anæsthesia before removing a needle from the foot. "In about four minutes my patient suddenly clutched his throat, exclaiming 'I am dying!' and fell from his bed unconscious. Respiration ceased, his jaw dropped, his eyes rolled upward, and to all appearance he was dead. His heart was beating very faintly, although his radial pulse was imperceptible." Artificial respiration, hypodermics of ammonia and atropia, alcohol, sinapism over heart and hot bottles were employed, and in "fifteen minutes after the catastrophe, his pulse was about forty-eight, very feeble, and respirations seven to eight. Unconsciousness continued twenty minutes." Patient recovered.

Dr. Spear, U.S.N., in the *Medical Record*, reports the case of a man aged twenty-nine, who took, subcutaneously, within seventeen hours, to remove the effect of a rum debauch, nearly ten grains of cocaine, Squibb's make. He was found in a toxic state; unconscious; face congested, and whitish grey; hands and lips blue; pulse feeble, fluttering and uncountable; face and neck streaming with sweat, and body bathed in cold perspiration. Under treatment, in about ninety minutes he began to be conscious and gradually recovered.

C. S. Kilham, L.R.C.P., Sheffield, England, read before the Sheffield Medico-Chirurg. Society, November 25th, 1886, this case: On

November 9th, 1886, at twelve noon, John B— accidentally took four and four-fifth grains of cocaine hydrochlorate in the form of solution. At 12.30 he was seized with severe cramps in the stomach, nausea, throbbing and feeling of bursting in his head, failure of eyesight, loss of use of his legs, incoherence of speech and confusion of ideas, and drowsiness, but could always answer questions when aroused. No delirium; appeared as if drunk, and got quite helpless. Brandy was given to him, and he vomited after it, but only the remains of food. About 12.50 he commenced sweating most profusely, shirt, etc., being soaked through, perspiration streaming down his face and body, and his head steaming. Pupils were normal and equal. No loss of taste. The sweating lasted some time, and was succeeded by very severe prostration, shivering, and feeling of impending death. At intervals, the patient had severe cramps in the stomach with retching and vomiting of a quantity of clear mucus, which relieved the pain. About 1.15 p.m., the pulse became intermittent—missing every fifth beat. This was accompanied by cyanosis of the face, and intense feeling of suffocation over the cardiac region. Relief was afforded by sinapisms. The pulse varied from eighty to eighty-six, never more, and became gradually regular. About 1.45 p.m. he began to have cramps in the legs and feet—especially on dorsal surface of right foot—and tingling and numbness in both hands. Later on the pupils became dilated. The vomiting and cramps ceased about 4 p.m.—unless food were taken—but the drowsiness, throbbing of head and prostration, continued up to 6 p.m., when the patient began to get warm and feel relieved. The improvement continued, and he could be moved at 8.30 p.m. There was great weakness, with swimming of head all night.

Next day there was still weakness, continual vomiting, a dry, leathery feeling in the mouth, with loss of taste, partial loss of power in the legs, and tingling and numbness of the fingers, especially of the right hand. These symptoms commenced nearly thirty-six hours after taking the cocaine, and most of them disappeared in twenty-four hours. The loss of power in the

legs lasted three days, and the tingling and numbness of fingers longer. He was not able to write a letter until the sixth day, as he could not feel the pen between his fingers before.

An emetic was at first given, with sinapisms over the heart and stomach; afterwards, warmth and stimulants—principally compound spirit of ammonia.

The patient was in the habit of taking one-fourth grain of cocaine for neuralgia of the stomach. The most remarkable symptoms were the severe sweating, the intense prostration and the intermittent pulse.

Dr. Geo. Elder, Nottingham, Eng., in the *Lancet*, October 30, 1886, says: "Preliminary to opening a superficial abscess, twelve minims of a freshly-prepared ten per cent. solution were injected under the skin; three or four minutes after, syncope supervened, followed by twitchings of the face, falling of the jaw, coldness of the body, clammy perspiration, lividity of the face—in fact, all the appearances of imminent death. The patient was several minutes in recovering consciousness, and during the remainder of the day felt very prostrate." Dr. E. adds: "Several similar occurrences have been noted, showing that cocaine is not so innocuous as has been generally supposed."

James Leslie Callaghan, in the *London Lancet*, June 12th, 1886, reports as follows: "A patient of mine who was suffering from toothache resulting from a hollow tooth, applied some of a four cent. solution of hydrochlorate of cocaine to the tooth and gums. He did not spit it out, but, according to his story, swallowed from twenty to thirty drops. Within half an hour he was seized with a feeling of faintness and giddiness, then an attack of palpitation of the heart came on, and he complained of tingling and numbness, dryness of the throat, and a sensation of heat and flushings moving over the body, but especially on the spine. Suddenly a rash, like scarlatina, made its appearance over the body; vision was somewhat dimmed. I immediately gave him a strong dose of mustard and warm water, which did not cause emesis. I then administered twenty grains of sulphate of zinc, but without effect; it was only by repeating the

dose that vomiting took place. The patient was relieved for a few minutes and seemed brighter, but the symptoms soon returned, and he felt so weak that he thought he was dying. I held some strong ammonia to his nostrils, but he said he could not smell it. I kept walking him about, but his legs tottered so much I had to support him. He constantly felt a desire to have the use of his bowels and bladder. The pulse became fast, weak and intermittent; the mind remained clear."

Dr. Frederick S. Williams, of Puyallup, Washington Territory, reports in the *Medical Record*, September 25, 1886, this case: "A lady on whom he wished to operate for a lacerated cervix, had a pledget of cotton saturated with a twenty per cent. solution of cocaine placed over the cervix, and four minims of the same solution injected on each side of the wound. "In about a minute and a half the patient began to speak as with an effort, saying, 'I feel so faint,' and gasped as if struggling for breath. She was immediately placed on her back, with head lowered, and told to breathe deeply. She obeyed for a few times, then recommenced her gasping, which she continued for about a minute. Then followed shallow breathing for four or five minutes, when she began to rally a little, and the breathing became gradually stronger but irregular.

"Her pulse at first was very rapid, irregular and weak, then became during most of the time of the shallow breathing almost imperceptible, gradually returning with the approaching normal respiration.

"Consciousness at once was dulled, and during the period of the shallow respirations was completely lost.

"At the end of about ten minutes she rallied, pulse, respiration and consciousness becoming normal."

Myerhausen relates the case of "a girl, twelve years old, in whom two drops of a two per cent. solution were instilled in the conjunctiva four times, at intervals of five to eight minutes. In all, only a little over one-tenth of a grain was administered, of which, certainly, one-half must have been lost through the tears. Immediately after the operation, the child commenced to complain of head-

ache, which became more and more severe until it was almost unbearable. Nausea and vomiting persisted through the entire day. The patient was greatly prostrated; stumbled in walking; speech was almost entirely destroyed, as though the tongue were paralyzed. These symptoms of poisoning lasted all through the night, in which no rest was possible, and gradually disappeared towards the evening of the following day."

Dr. Robt. Newman, New York City, kindly sent me this report: Patient, a female, aged thirty-seven, was treated for chronic cystitis by washing out and dilating the bladder daily. To allay the pain, fifteen minims of a four per cent. solution of cocaine were injected per urethra. This, increasing the drug a little each day, was used three times. After the third injection, while the cystic pain was allayed, a severe headache ensued which persisted for several hours. On the fourth day, having increased the cocaine to twenty-five minims, "while still washing out the bladder with hot water, a piercing pain in left temple occurred, running round the back of the head in a circle, and feeling as if the top of the head would split open. Pupils dilated; expression anxious; restlessness marked. More than a week passed before all toxic traces ended. There can be no doubt cocaine caused the trouble, and the symptoms were alarming."

In the London *Lancet*, 1886, is recorded the case of a female, aged twenty-five, who had a watery solution containing fifteen centigrammes of hydrochlorate of cocaine injected into the nose. In twenty minutes, giddiness, weakness and impaired vision ensued. A little later she was semi-comatose, with slight dyspnea and pulse uncountable. These symptoms disappeared in three hours under friction and internal stimulation.

Dr. Schilling, in the *Pharmaceutical Journal*, records a case in which the injection of six drops of a two per cent. solution into the gums of a woman, aged twenty-six, to prevent pain of extracting a molar, was followed by toxic symptoms, of which facial rigidity, deafness, blindness, complete loss of motion and sensation, and unconsciousness for a half-hour

were the chief. They subsided after inhaling nitrite of amyl.

Dr. Heyman reports a case in which the effects following the use of cocaine closely resemble that noted by Myerhausen. The patient, a boy, had a solution of cocaine liberally applied to his pharynx and larynx. Toxic symptoms soon set in. He was apathetic, with speech and walking disturbed. Pulse and respiration increased. Temperature rose to $100\frac{3}{4}^{\circ}$. Five hours after, patient could not walk. Symptoms persisted ten hours.

Dr. Schwarzbach, *Australasian Medical Gazette*, January, 1886, reports the case of a lady who used cocaine, locally, for pain in the eye. She suddenly became very ill; stupor, pallor, slow pulse and cold perspiration. Under wine and strong coffee, recovered in a few hours.

G. Bockl observed alarming effects follow an injection of six drops of a two per cent. solution into the gums. In ten minutes patient became unconscious, with gaze fixed, vision defective and delirium. Nitrite of amyl gave relief.

Dr. Landesburg, New York City, used two grains subcutaneously, as an experiment, on himself. In less than two minutes he felt his heart beating violently and blood rushing to his head, quickly followed by fullness and roaring in the latter, and noises in the ears. Thought was confused, volition impaired. Great restlessness, and numbness with twitchings were felt in toes and fingers. Nausea and epigastric pressure marked. Face very pale and covered with cold sweat. Pulse feeble, eyes sunken, pupils dilated, vision dim. In thirty minutes, took to bed with nausea, headache and general prostration. Recovery followed a night's sound sleep.

Drs. Bardet and Meyer, assistants of Dujardin-Beaumetz, anæsthetizing, for experiment, their own skin, observed, half an hour after the injections, dilated pupils and comatose symptoms. One of them fell in a state of vertigo, with pallid face and extreme heart weakness. These toxic symptoms followed hypodermic doses, never exceeding one-third of a grain.

Dr. Ziem, of Dantzic, in 1885, reported a

case in which a solution applied to the eye caused pallor and embarrassed breathing, and said that, up to that time, seventeen cases had been cited in ophthalmological literature, in which toxic effects followed the use of cocaine. In three, by injection; fourteen applied to the eye. Pallor, giddiness, dyspnœa, malaise, apathy, great prostration, tottering gait, difficulty of speech, mental confusion and extraordinary restlessness were symptoms noted in both strong and feeble men and women.

Dr. G. W. Kennicott, in the *Chicago Medical Journal*, October 20, 1885, reports: A young woman, aged twenty-five, of good constitution, had been using per medical advice, a two per cent. solution of cocaine for hay fever. The supply becoming exhausted, she procured two five grain vials of the muriate, full strength, and applied two-thirds of the contents of one bottle to both nostrils with a small glass insufflator. In twenty minutes she became dizzy, vision dark, and a sinking sensation occurred, with great weakness. In half an hour she was semi-comatose, pulse scarcely countable, so rapid and weak; pupils widely dilated; speech and swallowing difficult; dyspnœa; nausea; throat dry; teeth chattered and she shivered with cold. Later, drowsy; eyes closed; face muscles affected; weakness extreme, she could not support her head. She recovered in three hours under brandy, ammonia, digitalis, heat to epigastrium, and heat and friction to extremities.

Dr. Geo. J. Engelman, in the *Medical Review*, June 13, 1885, records these cases: Mrs. C., aged twenty-eight, in fair health, at five p.m., took one-sixth of a grain by the mouth; one hour later this dose was repeated, and soon after she felt a tingling in her fingers, hands and wrists, with discomfort and oppression about the chest, and vomiting the moment she turned in bed. At 7.30 she took a third dose, same amount, and in fifteen minutes was excessively restless, great difficulty of breathing, tight band-like feeling about chest, faint, and felt as if dying. At 8 o'clock still faint, was dyspnœic and tingling had extended to feet and legs. At 8.15, tingling gave way to numbness, beginning in hands and extending to feet; "became perfectly still, as if breathing her last;"

quite numb and stiff; thumbs adducted; pulse feeble, frequent, irregular and intermittent. These toxic symptoms subside after one-sixth of a grain of morphia, hypodermically.

Mrs. F., aged thirty-five, enciente, took forty drops of a four per cent. solution to relieve nausea. Immediately she felt a complete numbness along the tongue and throat; to test the feeling, she bit her tongue, and found it perfectly numb. She became weak, perfectly relaxed, with oppression about the heart, and felt as if dying. In twenty minutes the entire body became cold and numb. Pulse feeble and very rapid. Heart felt as if constricted by an iron band and "hammered loudly at a fearful rate." Symptoms persisted several hours.

Dr. Litten, at a meeting of the Berlin Medical Society, November 4, 1885, in a debate on the action of this drug, cautions against its too general use. He said that among other ill effects known to occur after an injection are attacks of mania, sometimes very violent, which may prove dangerous; and he asserted the various toxic effects, in some individuals, reach such a high degree that actual danger to life seems to threaten the patient. The three cases next cited are of interest in this regard.

Dr. Geo. T. Stevens, *Medical Record*, January 17, 1885, reports that he injected four minims of three and one-half per cent. solution under the conjunctiva of a strong man. In eighteen minutes "violent convulsions set in, attended with desperate struggles to breathe. The face became livid, consciousness was lost, and the patient became uncontrollable. After struggling in an easy chair for some time, he arose in a state of frenzy and struck violently about. Stimulants were administered, and the most alarming stage of the paroxysm ceased after a duration of nearly twenty minutes. Fully half an hour, however, passed before we could regard our patient as beyond danger. I believe that this paroxysm was the manifestation of the toxic influence of the drug."

Dr. Robert Newman, of New York, has reported to me the case of a gentleman, aged forty, in whose urethra a physician injected one drachm of a cocaine solution—strength not stated—prior to cutting the meatus. In half a minute, patient's face flushed, he felt a general

pricking sensation, followed by a piercing sting in his temple, violent headache and great excitement. Then he became maniacal, and under the delusion that he had been attacked by a robber, sprang from his seat, seized the doctor by the throat and began to beat him. The delirious excitement persisted three hours.

A well-known physician of this city gave me his experience with cocaine. Suffering from an attack of otitis media, he used freely, by advice of his medical attendant, a ten per cent. solution in the ear. It caused flushed face, quickened pulse, and breathing—the former, 130—wild look, fixed gaze, hallucinations and delusions—the latter homicidal—attempting assault on a near relative—which persisted three hours, followed by decided depression.

Dr. J. P. Knoche, in the *Kansas City Medical Record*, December, 1885, reports the case of a man, aged 23, to whom he gave cocaine, hypodermically, for anæsthesia, using, in several injections, within thirty-five minutes, about two and two-fifth grains. In seven minutes patient was cold, and sensation lost in hands, forearms, chest and legs. In twenty minutes breathing was difficult, interrupted, sighing. Pulse almost imperceptible, intermittent and very rapid; lips and skin generally pale and cold. Patient was semi-comatose for a time. Numbness in extremities lasted four hours; imperfect palmar sensation ten hours. Nine hours after, severe renal pain and copious diuresis; the tremor and weakness continued twenty-four hours. Symptoms gradually decreased under free alcoholic stimulation.

(To be continued.)

DIAGNOSTIC VALUE OF URINARY EXAMINATIONS IN ABDOMINAL SURGERY.—Thiariar states that after a laparotomy, when the quantity of the chlorides in the urine sinks below one gramme in the 24 hours, a septic peritonitis is threatening; whereas if the quantity remains above one gramme, this is not to be feared, notwithstanding the presence of alarming symptoms, vomiting, fever, etc. If the urea sinks below 12 grammes in the 24 hours, this fact indicates, in case of an abdominal tumor, its malignant nature. The same means may serve for the diagnosis of a malignant or benign pyloric stenosis.—*Le Sperimentalé*.

Selections.

✶ We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

THE TREATMENT OF NEPHRITIS.

Clinic by Prof. NOTHNAGEL.

With regard to the prognosis of contracted kidney very little need be said. A restoration to the normal physiological condition and a cure are absolutely impossible and a fatal termination comes sooner or later. This may occur in different ways. Sometimes through hemorrhage into the brain, sometimes through uræmia and sometimes through complications, among which are dropsy and anasarca.

The treatment of chronic granular contracted kidney is limited to appropriate dietetic measures. We observe that the patient continues to feel well so long as the excretion of the urine is normal, but if the diuresis is diminished the patient feels worse and is liable to uræmic symptoms. We are aware that the amount of urine depends in part upon the tension of the arteries, and it behooves us, therefore, to keep up the strength of the heart. In other words we meet with all those conditions in granular atrophy of the kidney, which we observe in valvular disease of the heart. Therefore we prohibit too great bodily exertion, over-indulgence in alcoholic drinks, coffee, tea, warm beverages and the like, endeavoring to keep up the power of the heart's action. I would like here to point out to you that we sometimes have in such patients with marked hypertrophy of the heart a diminished heart performance, whilst the tension of the arteries is good—that is really above the normal, but relatively for these patients, on account of the greatly increased power from the hypertrophy the tension is diminished. If the strength of the heart has diminished we must strive to increase it. Therefore we administer diuretics, and best of all for this purpose is digitalis, but you must be very cautious in its use. One can very easily, through careless and excessive use of this remedy, so increase the pressure that the consequences are injurious, the pressure in the arterial system may become so great that cerebral

hemorrhage is the result. Therefore be very cautious in the use of digitalis in contracted kidney. Then you put your patient on a plain milk diet, and you send him to a warm climate where he can have an equable warmth of the surface of the body during the winter, and that is really all that you can do.

I shall not enter into the details of the symptomatic treatment, nor into the subject of nephritic asthma, (for which we prescribe pyridin and morphine as being the best,) nor into uræmic attacks. I shall here mention only the principles of treatment of contracted kidney. I wish to say particularly that the treatment by excessive sweating, which is used in such cases in spite of the increased tension and absence of œdema is of no value, indeed under the circumstances it can only do harm. The sweating cure in contracted kidney can be used only when the patient is dropsical. The question then arises, What can we do therapeutically in such cases? We have no remedies which directly affect the inflammation of the kidneys. The *indicatio causalis* we are not able to satisfy, nor can we satisfy the *indicatio morbi*. Of the remedies which are used in Bright's disease, a great number are given which are quite useless. A favorite preparation is tannin, which is administered in many different forms: as tannic acid, pure gallic acid, or in combination with quinine as tannate of quinine, and so on. Experience has doubtless taught that all these preparations are entirely useless, they have not the slightest effect on the course of the nephritis. Alum is also without value. Of internal remedies nitric acid in small doses has been given, and it has recently been again affirmed that it is of benefit, but I have never been able to satisfy myself of it, and although for forty years it has been recommended by English authors, I do not believe it is of any value at all.

The same may be said of iodide of potash and iodide of soda. The only preparation which perhaps has a certain effect in the acute hemorrhagic form is acetate of lead.

The treatment of this form of nephritis—the granular contracted—must be looked at from quite another point of view. In the first place, experience teaches one that

movement increases the albumen and also the inflammatory process. Such patients, therefore, must have perfect rest, and this is best accomplished by sending them to bed for weeks, or even when necessary for months. You satisfy in this way two indications—first, you give them absolute rest, and secondly, you keep them in an equable temperature. Bartels declares that he has seen in these cases the best results from keeping them in bed for months at a time. As a rule, however, the patients are not willing to remain in bed so long. In the acute form, with great œdema, it is very well, but when the œdema has disappeared it is difficult to keep the patient longer in bed. The second indication, which can perhaps of itself produce a good effect in nephritis, is the maintenance of the surface of the body at an equable temperature. This latter is secured in bed, although still better in some suitable climate where the atmosphere is dry and warm. Of the numerous health resorts Cairo in Egypt is perhaps the best known and most favored, and there the patient finds himself comparatively well. The climate of Algiers is also very good, but Algiers has not such favorable communications with Europe. When the people are financially in a position to carry out this plan of treatment, you may let your patient remain there two or three years. You understand you will very rarely succeed in accomplishing this object, but you must do whatever is possible. Accordingly, you must keep such a patient constantly warm—in winter, when it is possible, in bed, and in some dry, warm resort during the summer. Then, again, we endeavor, by other means, as much as possible to produce a derivation of the blood to the surface of the body. This we accomplish by tepid baths, which the patient may take daily, and afterwards being well wrapped he goes to bed, and thus a gentle hyperæmia of the skin is induced. Another point of importance is the regulation of the diet. All those articles of food which cause any irritation of the kidneys—as, for instance, spices, pepper, cinnamon, vanilla, ginger, etc., also asparagus, are prohibited, likewise alcoholic drinks, as beer and wine, and especially the strong drinks containing alcohol. Thus, if you would give the patient what is really most suitable, you

must restrict him to a purely milk diet—milk cold or warm, sour or sweet, milk soups, milk rice, and so on, whatever form best agrees with him, and causes the least irritation. It is a disputed point whether eggs should be allowed, but probably in small quantities they do no harm. In those cases, then, of chronic nephritis without œdema the treatment consists in rest, equable warmth of the surface of the body, warm baths, transpiration and milk diet, or at least a non-irritating diet. The natural mineral waters have been much vaunted in these cases, but it has not been proven that they are of much value. If you wish to try them the best are Karlsbad, Kissingen, Homburg and Vichy.

Two conditions you will often meet with in the treatment of Bright's disease, viz., small quantity of urine and severe dropsical swelling. For the removal of the dropsy, diuretics and diaphoretics are introduced as being the best means. Formerly, for this purpose, very free evacuations of the bowels, ten to twenty stools a day, were relied upon, but this treatment was of more injury to the patient than advantage in the removal of the dropsy. We endeavor to keep the bowels regular in these patients, but absolute catharsis is now no longer resorted to in the treatment because it would remove the contents of the small intestines also, and thus deprive the patient of some nutritive matter as well. By means of diuretics and diaphoretics it is much easier to get rid of the dropsy. Diaphoresis satisfies at once two indications; one, symptomatic through the removal of the dropsy, the other an indication of the disease by the production of a hyperæmia of the skin. Formerly two medicines were much used as diaphoretics, namely, flores sambuci and flores tiliæ, made into a decoction; but our experience of those remedies, however, is that they produce at the best very mild diaphoresis. For the last fourteen years we have had in jaborandi a remedy which is quite a specific diaphoretic. Owing to the tendency however of jaborandi to cause nausea and collapse, and also the want of accuracy in the dose, its active principle, pilocarpine, is now more used in doses of 1—3 centigrams hypodermically. Its action is to cause marked ptyalism and diaphoresis, but in some cases the

former is the greater increased, in other cases the latter, a fact which we are unable to explain. By previously having the patient well warmed, the diaphoretic effect is thereby much improved. The effect of pilocarpine depends upon its action on the nerves supplying the salivary and sweat glands, and is therefore fundamentally different from other sudorifics, which act only secondarily by increasing the blood supply to the skin. Now, there are patients to whom you may not give pilocarpine, either because it does not produce diaphoresis in the ordinary way, or because too severe nausea results from it. In such a case you must devise some means of inducing hyperæmia of the skin. You may, for instance, give him a warm bath, and then after friction of the skin with a coarse towel, envelop him in flannel and give him warm drinks, such as elder flower tea or hot citron lemonade, etc., or you can put him in a sweat-box. In this way, by a one to two hours' sweat daily, you can reduce the dropsy. Finally with regard to diuretics. We were in the habit formerly of avoiding diuretics in the acute form of nephritis, lest by promoting the blood supply to the kidney they should thereby increase the inflammation, but experience has taught us that this is a mistake, and diuretics can be given in these cases and still retain perfect rest for the kidneys. The preparations most used are digitalis in the form of an infusion, or squills, either the acetate or the tincture, in combination with some salt, for instance—the preparations of potash, especially the nitrate or acetate.

The newest diuretic which we possess is calomel. The first publications on this subject appeared only a few months ago, although the subject was discussed by me in a private communication some time previously. Prof. Jendrasik, in Pesth, observed by chance in a patient whom he was treating for syphilis, and to whom he gave calomel, that free diuresis occurred. He subsequently further investigated the circumstances, and discovered this most surprising action, which indeed with regard to calomel in general was hitherto quite unknown. We have had opportunities in our own clinic since the publication of Jendrasik's work to confirm the same in many cases. The increased diuresis in some cases was quite astonishing, and the œdema

disappeared entirely. I have met with cases in which digitalis was given without any marked increase in the quantity of urine or noticeable diminution of the dropsy, and afterwards on calomel being given the dropsy completely disappeared. One must, however, follow an exact method in the administration of calomel. We are accustomed to administer it in doses of 0.2 (about 3 grains) grams daily for three or four days. Of course at the same time you must give chlorate of potash both internally and also as a wash for the mouth, in order to prevent any salivation. The effect of the calomel begins to be shown generally about the second or third day, rarely later, and then often quite suddenly the diuresis commences, and the amount of urine increases from 400 to 700 cub. cm. in 14 days up to 2,000 or even 5,000 cub. cm. daily. After three or four days again it diminishes down to the original quantity. In this way the dropsy can be made completely to disappear, or if there is still no affection of the gums the calomel can be repeated several times and its effects watched. There are cases in which the calomel will not work the first time; then it should be tried again, and even a third or fourth time before it is relinquished. The consequences which are to be feared in the administration of calomel are its liability to cause—(1) stomatitis, and (2) diarrhœa. In these cases it is better to combine with it a little opium. Jendrasik formerly gave jalap in combination, but this is not necessary. The effect on the pulse tracings and on the heart is but slight, and it is interesting that we get simply an increase of the diuresis. Of the *modus operandi* of calomel in its action on the kidneys we know absolutely nothing. The observations of Jendrasik are most interesting and important because they have disclosed an action of calomel hitherto unknown. As we do not always have the same result in nephritis from diuresis, it is better to combine the diuresis with diaphoresis.—*Translated from the Wiener Med. Zeitung by Dr. McDonagh.*

The *Medical Register*, edited by Drs. J. V. Shoemaker and W. C. Wile, is the name of a new weekly journal published in Philadelphia. We are glad to have it on our exchange list.

SALICYLATE OF LITHIUM IN RHEUMATISM.—M. Vulpian has read, before the Académie de Médecine, a summary of the results of his experiments on salicylate of lithium in articular rheumatism. He states that his experiments indicate that lithium salts are not so poisonous as they are supposed to be. Salicylate of lithium is not more dangerous than salicylate of sodium, and can be administered in almost equally strong doses. In acute articular rheumatism salicylate of lithium relieves the pain which often remains in the joint after the swelling has disappeared, whereas colchium and salicylate of sodium have no effect. M. Vulpian believes that salicylate of lithium is especially beneficial in fibrous rheumatism. In progressive subacute rheumatism M. Vulpian has seen salicylate of lithium produce great improvement. Salicylate of sodium has been successful in such cases, and produced amelioration of the patient's condition; but both greater and more lasting benefit is obtained by salicylate of lithium. In chronic articular rheumatism M. Vulpian has found salicylate of sodium useless, whereas salicylate of lithium has had a marked effect on the joints, which become less swollen than before the treatment. In order to obtain evident results, four grammes, sometimes four and a half or five grammes, must be given daily. Larger doses are followed by toxic symptoms. This drug sometimes induces headache and deafness, but is never followed by the distressing noises which characterize treatment by salicylate of sodium. The headache and deafness disappear quickly.—*London Medical Record.*

SOME EXPERIMENTS WITH TUBERCLE BACILLI.—Dr. de Toma arrives at the following conclusions from a series of experiments made to determine certain points concerning the tubercle bacillus. The first question was how long dried tuberculous sputum can retain its specific virulence. He says that the sputum may remain virulent for nine or ten months if thoroughly dried and kept free from moisture at a temperature of 77° F. When transplanted to blood-serum such sputum will result in fresh virulent cultures of the tubercle bacillus. In a temperature of from 86° to 95° F. the sputum loses

some of its specific activity in about two months, and becomes inert when kept for a month in a temperature of 122° F., or for an hour in one of 176° to 212° F. The second question was what are the means of entrance of the tubercular infection into the organism, and especially whether the specific bacillus can be introduced by inhalation. He finds that the artificial inhalation of pulverized tuberculous sputum may, indeed, cause a tubercular infection, but only under certain circumstances, when the system is weakened by fasting or long confinement, or when there is a solution of continuity in the mucous membrane of some portion of the respiratory tract. The last point to determine was the paths by which the bacilli were transported in the body after having once gained admittance. The author says that the bacilli begin to grow and increase in number at the point of inoculation, and are thence carried to other parts in the lymph-current. Very probably, however, the wandering cells, which take up the bacilli and their spores, play a not unimportant rôle in the generalization of tuberculosis. The bacilli are found most plentifully in young tubercles, and their number decreases directly in proportion to the age of the latter.—*Medicinische Central-Zeitung—Medical Record.*

BILIOUSNESS.—The victim of an acute bilious attack will generally get righted in a few days by, first, abstinence from all food, then a diet of porridge and milk, or skimmed milk alone, and a very gradual return to solid food, which for several days should be restricted to toast, a little lean meat or broiled fish, with some succulent vegetables or ripe fruit. As for medicines, saline aperients, such as sulphate of soda, Epsom or Rochelle salts in full doses in the morning, or the now fashionable tumblerful of Hunyadi Janos will generally suffice to clear the *primæ viæ*; the latter has especially a reputation for evacuating bile. The striking relief obtained by free bilious evacuation has often been remarked, and the veteran transgressor resorts to his blue pill or podophyllin with every recurrence of his malady. Of late euonymin has come much into use as a cholagogue. Harley recommends to persons who seem to have a more than usual tendency to biliousness

traceable to sluggish biliary secretion, and where there seems also to be defective nerve action, small doses of nux vomica or strychnia after their meals. This may be combined with belladonna and aloes as in the aloin, strychnia and belladonna pill. The bilious person is generally constipated, hence such a pill has a special utility. Fothergill's pill of ipecac, capsicum, and pil. aloes et myrrh., has done good service in such cases. Nitro-muriatic acid and taraxacum have a reputation which is probably not altogether built on imaginary results. But bilious dyspeptics, while they should be attentive to the functions of eliminations (and doubtless the ancient predilection for purgatives has been justified by modern scientific research, which finds in intestinal septicæmias and alkaloids of putrefaction many of the evils formerly attributed to peccant humors and at-biliary disorders), should aim specially to be good hygienists and learn to live right; but this is counsel which everybody gives and nobody takes.—*Boston Med. and Surg. Jour.*

GASTRIC ULCER.—ALBUMINATE OF IRON.—Many physicians proscribe iron in the treatment of gastric ulcers, alleging that ferruginous preparations are ill borne by these patients. Gempt (*Berlin Klin. Wochen*) relates several cases of round ulcer of the stomach in which remarkable success followed the use of a solution of albuminate of iron. He gives three times a day, either pure or in a cup of milk, half to one coffee spoonful of syrup of albuminate of iron (2 to 4 grammes per dose). The preparation used contained half per cent. of oxide of iron. It is well to give it a short time before meals, as it is readily absorbed and seems to improve the appetite and never causes pain or vomiting. The hematemesis ceased constantly from the commencement of this treatment. As a result of the author's observation, all the symptoms in the majority of patients treated disappeared when 300 to 450 grammes of the syrup of albuminate of iron had been administered. Morphine was given for the acute cardialgic pains, and Carlsbad salt, very largely diluted, was given every morning to counteract the constipating effect of the iron.—*Bull. Gen. de Therap.*

OVER-WORK—WORRY.—There is doubtless no class of diseases more largely preventable than diseases of the nervous system, and though the causes of these disorders are sometimes remote, yet they are usually traceable to violations of the laws either of mental or bodily hygiene. Over-study in early life, without causing an immediate break-down, may dwarf the development and lay the foundation for future invalidism, and we believe that a considerable proportion of nervous disorder is attributable to such influences that, in early life when the nervous system is sensitive and impressible, check its normal growth and leave it ever after irritable and unstable. The same considerations apply to over-work in adults. There is much brain-failure now-a-days from what is called over-work, and yet much of it is probably due more to the *manner* of work than to the amount of work. Hard and prolonged mental labor is not injurious if carried on under proper conditions; the brain is strengthened by exercise, and the work of a man of an intellectual pursuit, if properly diversified, is recreation. The harm of mental labor is in working at wrong hours, or without system, or with both, and tension that wear upon the brain more than work. In this age men rush, and rush means high tension, and tension means rapid wear and waste of vitality. Emerson says "all haste is vulgar," and he might have said it is injurious to health, and those who work with that high pressure which haste invites, are certain to suffer for it. It should be considered one of the beatitudes of mental physiology, that systematic, deliberate mental labor is normal; it develops the brain and prolongs the period of its activity in old age, and the converse of this is also true, that mental labor performed with anxiety, haste and high pressure is exhausting and is certain, sooner or later, to produce injurious results. Those who deal much with nervous disorders know how large a share of these troubles is due to the habit of worrying. People fall into the habit of worrying about those little mishaps that of necessity come up in the life of every one, and the habit once formed is a difficult one to overcome; worry, above all things, consumes vitality, and disarranges the harmonious workings of the functions; it leads to loss of appe-

tite, to sleepless nights, to irritable nerves, to impaired nutrition; it robs the disposition of attractive qualities, it lessens the mental vigor and it not infrequently is a father in the production of nervous disorder. Sensitive people, those who are easily wounded and discouraged, are most apt to worry when affairs go wrong, and yet they are just those whom worry will harm the most and who will lose the most in life by indulging in it. Trials and reverses may destroy the over-sensitive or the weak, unless such persons prepare for them by the cultivation of patience and courage. Those, however, who are not fretted and depressed by the small mishaps and adversities of life are the better for encountering them, for they are a part of the necessary and kindly discipline of experience that helps to build up character, and strengthens it, as the storm that bends the vigorous tree strengthens and consolidates its health fibre.—*Alienist and Neurologist*.

MORAL INSANITY.—Dr. P. Bryce (Alabama Insane Hospital Report) says: "This is a form of deficient cerebration in which there is an absence of moral principle without notable, and in many cases, without any perceptible lesion of the intellect. I object to the popular term 'Moral Insanity,' because there is in it an implication of disease, whereas, the condition of brain which induces it is the result of hereditary transmission, and not of disease. There may be cases of moral insanity supervening upon disease of the brain, as reported by others, but I have never met with such a case, that is to say, where the moral obliquity has not been conjoined with defective reasoning powers. Moral imbecility is the best name for this condition, since it conveys the correct idea of its etiology." He has had twenty-eight such cases under observation. He has known such persons (and has such at present under care), blessed with fortune, brought up in cultivated Christian families with all the advantages that education and polite society could give them, who would talk well, even eloquently, of the charms of chastity and probity, and were ready on all proper occasions to express a contempt and even scorn for licentiousness and dishonesty, but would not hesitate, when opportunity afforded,

to appropriate the unguarded property of others, or to give themselves away to the first libertine who solicited their favors. The unfortunate subjects are regarded by the mass of mankind as simply vile or wicked instead of morally imbecile. Nor is this surprising in view of the fact that the intellect, so far as can be ascertained, is perfectly normal—no delusion of any kind seeming to affect it. But the actuality of such cases is well calculated to embarrass our courts of justice in discriminating between them and those in whom the intellectual and moral faculties are better balanced, and whose criminal conduct would seem to be the result of bad training or vicious surroundings and associations in early youth.—*Alienist and Neurologist*.

ELECTRO-PLATING OF CORPSES.—One of the most recent discoveries applied to the preservation of the dead is that known as electro-plating. The details of the process we quote from the *Sanitary News*: "The body is washed with alcohol and sprinkled over with fine graphite powder, to insure the ready conduction of the electricity. It is then placed in a bath of metallic solution containing a piece of the metal to be used. To this is attached the positive pole of a strong battery. The negative pole is applied to the body, and at once a fine film of metal begins to cover the body entirely and evenly. This may be continued until the coating attains any degree of thickness." This method, which has the merit of durability, cheapness and ease of application, should justly become popular, and might be rendered applicable to many cases in which cremation would be objectionable.—*Medical Register*.

COCAINE IN PERTUSSIS.—Dr. A. Bianchi administers the hydrochlorate internally in doses of 30 to 80 centigrammes per day, giving a dose every two or three hours; and in bad cases even so much as one gramme. No evil effects were observed; on the contrary, from the very first, there was an improvement. The attacks became less frequent from 30 or 40 in the 24 hours to 10 or 12, or even less. The vomiting ceased, and consequently nutrition improved; along with the appetite the gastro-enteric functions were performed with regularity. The cure in

some cases was complete in a week, in others from 15 to 20 days. The cough did not cease but the spasmodic attacks became less and less frequent and severe. Sudden cessation of the medicine was followed by a return of the frequency of the attacks, but gradual withdrawal was satisfactory. Ill effects were seen only twice, and passed away suddenly on suspending the administration of the medicine and giving 10 drops of laudanum. In the cough of bronchitis or phthisis cocaine appears to be useless or uncertain.—*Lo Sperimentale*.

DURATION OF INFECTIOUSNESS OF ERUPTIVE FEVERS.—F. Pearse, in the *British Medical Journal*, fixes the duration of infectiousness of the principal contagious fevers as follows: Measles, from the second day for three weeks; scarlet fever, from the fourth day for six or seven weeks; small pox, from the first day, under one month, probably three weeks; diphtheria, under three weeks.

Therapeutical Notes.

Prof. Bartholow still continues to advocate the use of carbolic acid in typhoid fever. He states that no form of treatment has, in his hands, been so successful. It modifies the disturbances of the intestinal tube, reduces temperature, and promotes quiet. Two drops of a solution consisting of equal parts of carbolic acid and Lugol's solution may be given every three hours.—*College Clinical Record*.

INJECTION ANTIBLENORRHAGIC. —

R Sulphate of quinine.... 1 gramme.
Glycerine 25 "
Distilled water..... 75 "
Rabel water Q. S. ℥

Dissolve as far as possible. Inject lukewarm thrice daily, each sitting comprising three injections. Continue till all running ceases, for fear of relapse.—*L'Union Med.*

ANTISEPTIC POWDER.—(Lucas-Campionnière.)

R Equal parts of iodoform, powdered cinchona, benzoin, carbonate of magnesia, saturated with essence of eucalyptus. Mix carefully. Apply directly to the wound, or preferably over the protective, then cover with tow or a sponge and

oiled-silk, or rubber tissue and a bandage. For large operations change the third day; in the case of minor wounds it may be left on eight days.—*L'Union Med.*

CHILBLAIN PENCILS.—

R Camphor..... 2½ grammes
Iodine 5 "
Olive oil..... 50 "
Paraffine..... 45 "
Alcohol ... Q. S.

Dissolve the camphor in the olive oil and the iodine in the least possible quantity of alcohol. Mix and add to the paraffine melted, and run into moulds. The consistency may be varied by increasing or diminishing the proportion of olive oil.—*L'Union Med.*

TINCTURA FERRI CITRO-CHLORIDI (Tincture of Citro-Chloride of Iron—Tasteless Tincture of Iron): Solution of chloride of iron (U.S.P.) 4 fluid ounces; citric acid, 2100 grs.; bicarbonate of sodium, 2270 grs.; alcohol, 4 fluid ounces; water, sufficient quantity to make 16 fluid ounces. Dissolve the citric acid in 4 fluid ounces of water, heat the solution to the boiling point, and gradually add the bicarbonate of sodium. When effervescence has ceased, add the solution of chloride of iron and cool the mixture. Then add enough water to make it measure 12 fluid ounces, and finally add the alcohol. Each fluid dram contains about 7.5 grains of dry ferric chloride.—*National Drug-gist*.

GLYCERINE IN FEVERS.—M. Semmola has made use of glycerine diluted with water as a drink in the thirst of fevers; this he orders to be sipped throughout the day. His formula is:

R Glycerini pur..... 300
Ac. Citr. v. Tartar..... 2
Aqua 600

Of this mixture he gives five to seven drachms every hour. Of this drink M. Semmola states the thirsty patient never wearies, and of it the stomach is exceedingly tolerant, so much so indeed, that he has never seen any intestinal derangement when as much as an ounce and a half of glycerine was taken in the twenty-four hours.—*Journ. de Médecine—Birmingham Review*.

Prof. Gross's favorite prescription for second-ary syphilis is—

R. Hydrarg. iodid. viridis..... gr. $\frac{1}{2}$
 Antimonii et potassii. tartrat,
 Morphiae sulphat..... āā gr. $\frac{1}{4}$ ℥
 Ft. pil.

For a cure, take one after each meal; after two days, take two pills after dinner; in a few days, if no bad symptoms arise, increase to three pills after dinner and two after breakfast. Increase until it is found what patient can tolerate; five pills a day about the usual amount. This should be persisted in until all symptoms disappear; then cease for a short time, and then renew with two-third dose. With intervals of a few weeks every two or three months gradually reduce the dose. After two years in this way we may then cease, but keep the patient under observation for eighteen months longer.—*College Clinical Record.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, APRIL, 1887.

TORONTO UNIVERSITY MEDICAL COLLEGE.

We have heard much during the last few months about a new Medical School in Toronto, which will be closely connected with the National University and the General Hospital. It was hoped that an amalgamation of the two schools now existing would be brought about; but the chances of such an event are, at present, rather poor. There is a strong feeling, however, in favor of establishing a Medical College, to be known as the Toronto University Medical College, which shall be the Medical Faculty of the University. Mr. Falconbridge brought the question before the University Senate, and moved for a special committee to consider the matter. After careful deliberation the committee, which was a strong and representative one, brought in a report recommending the scheme.

There was a strong desire on the part of the Senate, to get the co-operation of the two

schools in Toronto, and a committee was appointed to confer with the Faculties of these colleges in reference to the matter. We are not in a position, at present, to state that these schools have finally decided as to their positions, but it is doubtful if both will accept the scheme.

There can be no doubt that there is, and has been for some time, a strong feeling among the members of the profession in all parts of the Province, in favor of the amalgamation of our two schools, and the formation of one strong school under the control of Toronto University and the Toronto General Hospital. We would gladly see such a school established, but regret to think that the prospects of such a consummation, at the present time, are not at all bright.

There can be little doubt, however, that a University School will be organized. No better time could be chosen for such action than the present, while the scheme of Federation is being carried out. Our National Institution, in which we take so much pride, is being surrounded by Theological and Arts Colleges, which give it great strength. We wish, in addition, to see Faculties in Medicine and Law which will do something more than grant degrees. We are pleased to see the Senate so united in favor of such additions or alterations, and, at the same time, disposed to deal generously with vested rights of the Faculties of the present Medical Schools of the Province.

In the Federation scheme, which is at present under the consideration of the Provincial Government, we understand that the efficiency and usefulness of the teaching in science will be greatly increased. This fact forms a very strong argument in favor of the formation of a Medical College, which will be enabled to take advantage of such a course of instruction. In the United States the courses in science in connection with the Medical Colleges have been rendered more efficient by numerous generous endowments for the purpose of building and equipping complete laboratories for practical teaching in this department. If we desire to keep abreast of the times we should duly consider the importance of this fact. While these facilities are being brought to our doors through the acts of our Government, in providing for higher education in our Provincial University,

we should not hesitate for a moment to take advantage of them, and thus raise materially the standard of medical education in this country.

It is not at present intended to ask for any money from the Government for the purposes of the new college. The promoters of the scheme will be satisfied to obtain the teaching in the school of Practical Science on the same terms as Arts students at present derive such instruction. At the same time we see no reason why the Government should not aid medical education, and we think there is much force in the remarks recently made by Mr. Falconbridge, that we will be more likely to get some assistance from the public treasury, or from private sources, when we have a college which is not proprietary in any sense of the word, but an integral part of the great educational system of the Province.

HINTS ON THE TREATMENT OF CHRONIC CONSTIPATION.

Prof. Jacobi is of opinion that in newly born and young children, obstinate constipation and even obstruction may be caused by the curving of the sigmoid flexure upon itself in such a way that one part presses upon another. He recommends the use of enemata given regularly for weeks or months until the condition is removed. The diet should be regulated, but purgative medicines should be avoided.

The continued administration of lime-water, bismuth and prepared chalk is a frequent cause of constipation.

Chronic constipation in nervous and hysterical women aggravate the nervous system. Dr. Peters, of New York, relates one of these cases in whom symptoms of mania developed. It was found impossible to administer medicine in any form, as she refused it. Dr. Peters discovered that she was fond of salad. One was prepared with olive and two drops of croton oil. She ate freely; the bowels were well moved, and the mental symptoms disappeared. Dr. Hudson gives in such cases, calomel grs. xii, with $\frac{1}{8}$ gr. elaterium, $\frac{1}{4}$ th belladonna. In the treatment of constipation

in elderly people it is of importance to attend to the condition of the rectum. Its mucous membrane is frequently dry, and allows the faecal matter to accumulate. This can be relieved by lubricating injections, always given with a rectal tube so that the enemata pass high up into the bowel.

Brown molasses, with an equal quantity of melted lard, has been used in this way. A weak solution of liq. potassæ and glycerine is also recommended. Liq. potassæ has the power of breaking up the hard faecal matter as it dissolves the fat and cholesterine. A solution of ox gall answers a similar purpose. In the general treatment of nervous cases and elderly people too little attention has been given to the condition of the bowels.

THE MEDICAL PROFESSION AND LIFE INSURANCE COMPANIES.

In another page we have alluded to the unsatisfactory nature of the relationship which the medical profession bears to life insurance companies. We here wish to speak of another matter in this connection, viz., the careless way in which the appointment of examiners is frequently made.

No sooner has a young physician commenced practice, especially if he locates in a city, than a life insurance agent appears, solicits and often succeeds in inducing the new-comer to take a heavy policy, with the promise that he will be made an examiner for the company, and that the premiums will be more than paid by examination fees.

For a week or two a rush of candidates for examination takes place, and the physician begins to think that his fortune is made. They, however, soon fall off, and the doctor finds out that he must either drop his policy or struggle on to pay heavy premiums without any help from the company.

We contend that the companies which allow their agents to act in this manner are indirectly responsible for what is not much better than a species of swindling. The medical is one of the most important departments of the life insurance business, and, other things being equal, that company will be the most successful which

is most particular about the standing and professional attainments of its examiners. We ought to look with suspicion on any company in which appointments are easily obtained.

As a matter of fact, the largest and most reliable American companies pay special attention to the medical department. They have not only one or two consulting physicians at the head-office, but they appoint superintending physicians in each state and province. In this way the companies are assured that examinations will be made by perfectly competent and trustworthy men.

GONORRHOEA.

In 1879 Neisser observed in the gonorrhœal secretion certain microbes to which he gave the name of gonococci. Their size is one twenty-five thousandth part of an inch in diameter, or even less. They lie in free masses, and also in the pus cells. In the early stage of the disease but few are present, but so soon as the purulent stage is established they are to be found in great abundance. These micro-organisms are not pathogenic for such animals as dogs, horses and monkeys, which seem to be entirely protected and cannot be infected with the secretion from a diseased urethra. Bockhart was the first to attempt inoculation in the human subject, and injected a quantity of culture into the urethra of a lunatic, who shortly afterwards died of pneumonia. During his life, however, this poor fellow had a typical gonorrhœa, and the gonococci were numerous present. Bumm also had a positive result from the experiment which he made on the healthy urethral mucous membrane of a woman; while Petrone and Kammer found the characteristic cocci in the purulent secretion of the knee joint in a case of gonorrhœal rheumatism. Zeissel (*Centralblatt für Bacteriologie*) having studied over the subject in sixty-two cases of acute and chronic urethritis, and not being himself convinced, would leave the matter *in suspensa*, notwithstanding the convincing array of statistics and clinical facts in favor of Neisser's gonococci. In the treatment brilliant results are reported following the use of germicidal injections, more particularly a sublimate solution varying in

strength from 1 in 500 to 1 in 1,500. The germs possess wonderful vitality, and it is no unusual occurrence for some of them to become imbedded in the deeper layers of the lining membrane and in the urethral follicles, and to give rise, even months after the initial trouble, to a well marked urethritis without a second exposure.

ONTARIO MEDICAL ASSOCIATION.

We invite the attention of the profession to the notice (which appears on page 16) of the coming meeting of the Medical Association of Ontario, to be held in Toronto on Wednesday and Thursday, the 8th and 9th of June. The energetic secretary, Dr. White, has made arrangements with the railroads to give reduced rates to all who intend being present at this meeting, which promises to be even more successful than any gathering hitherto held. Among the invited guests who have already signified their intention of being present are Dr. Satterthwaite and Prof. Wyeth, of New York, and Prof. Packard, of Philadelphia. The discussion on medicine will be opened by Dr. Arnott, Dean of the Medical College in London—the subject being "Phosphaturia." Dr. S. Lett, superintendent of Homewood Retreat, Guelph, will deliver an address on "The Relation of Insanity to Masturbation;" and Dr. Taylor, of Goderich, will lead in the discussion on obstetrics by reading a paper upon "The Functional Paralysis of Pregnancy." The meeting will be presided over by Dr. Jas. H. Richardson. Let come who can, the profession in Toronto will give to all a cordial welcome.

MEDICAL ASSOCIATIONS IN CANADA.

We notice that efforts are now being put forth by the Management of the British Medical Association to obtain a foothold in Canada, by forming branch associations here as in Australia. So far as the movement serves to extend the circulation of their ably conducted journal, we wish them every success.

If, however, the intention is to supplant the already existing associations here, we hope and

expect to see a failure of the movement. We have a Dominion association which has already done some very creditable work, and we have a large and active association in this Province, one which compares favourably with that in many States of the Union.

We should prefer to see an extension of the provincial associations, and some relationship established between them and that for the Dominion. We are of opinion that the impulses and aspirations of Canadians are, in many respects already cramped by our colonial position, and we do not wish to see the system extend to the medical profession. In this respect we are entirely independent, and we hope to remain so.

UPPER CANADA COLLEGE.

From a medical point of view we must take great interest in the success of our high schools and colleges, from the fact that our medical students must of necessity obtain their preliminary education in these institutions. Among them all Upper Canada College stands prominent in occupying a position of which its friends and "old boys" may feel justly proud.

An attempt has been made to take away a portion or the whole of its endowment. A large number of the friends of the College made a grand rally on the evening of March 22nd, and made a vigorous protest against any action which would impair its efficiency or destroy its usefulness. We sincerely hope that the hands of the spoilers will not prevail, and that this grand old residential school will ever retain its present position among the educational institutions of Canada.

THE NEW UNIVERSITY SCHEME AND STUDENTS' FEES.

We would like our readers clearly to understand two features of the scheme for the new University Medical School, about which there appears to be some misapprehension:—

1. It is not intended that the University shall make any grant of money to the new School, but that it shall empower the College Board to borrow money, the interest of which shall be paid out of the proceeds of the School.

2. There will be no reduction of the fees required from the students. When a young man takes a medical course he is obtaining a professional education by which he afterwards intends to make his living. He should therefore expect to pay for the training.

INTERNATIONAL MEDICAL CONGRESS.

Considerable interest is being taken in the next meeting of the Congress at Washington, by the profession in Great Britain and on the Continent. Arrangements have been made by which return tickets will be given by a number of steamship companies at reduced rates. The meeting of the British Medical Association, which will be held in Dublin this year, has been fixed for the first week in August, in order to allow members attending it time to visit the Lakes of Killarney and other places before starting for America.

Weichselbaum, of Vienna, has been making careful observations on the varieties of bacteria found in exudations in eleven cases of primary pleurisy, (8 serous; 1 sero-purulent; and 2 empyema). He found that where there was pus formation, the streptococcus present appeared identical with the same form of bacteria found in any suppuration, while on the other hand, where the exudation was purely serous, no bacteria could be detected.

The Annals of Surgery, published monthly, by J. H. Chambers & Co., St. Louis, Mo., is without a doubt the finest periodical of the kind on this continent, being devoted entirely to surgery. All the articles are copyrighted, and are by men eminent in this branch. The subscription is not high considering the excellence of the publication.

"*Small Physicians' Pay*" is the subject of an editorial in a recent number of the *New York Medical Record*. It may do for the other side of the line, but in Canada we have no small physicians. They all pay their subscriptions with a graciousness which is positively charming!

Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, FEBRUARY 17TH, 1887.

The President, Dr. McPhedran, in the chair.

PATHOLOGICAL SPECIMENS.

Dr. McPhedran exhibited several enlarged suppurating glands which he had removed from the neck. The disease commenced about a year ago. At that time the glands inflamed, suppurated and were lanced. The openings continued to discharge freely and shewed no tendency to heal. The operation for their extirpation was then performed. Each sinus was slit up freely, and was found to be lined by a soft, gelatinous substance. This was scraped out with Volkman's spoons, the remains of the caseous glands were removed, and drainage-tubes laid in the sinuses. Moderate pressure was then applied over all by means of gauze and absorbent cotton. Healing took place for the most part kindly.

Dr. Sweetnam had used calc. chloride in rather large doses with marked beneficial effect in similar cases.

Dr. Atherton approved of the plan of slitting up the sinuses and removing the glands. He had not found much benefit from calc. chloride, but had extirpated the inflamed glands with gratifying success in several cases, one of syphilitic origin.

Dr. Oldright had used nitrate of silver as a caustic, by heating a knitting-needle, or probe, and then placing it in contact with the caustic, so that it acquired a thin coating. In this way caustic could be applied to the whole of the sinuses. At the same time he used cod-liver oil and the iodides internally.

Dr. Reeve presented (1) a specimen of calcified crystalline lens removed from the anterior chamber of the eye, into which it had been dislocated. Before operation, the pupil was strongly contracted with eserine sulphate so as to prevent the displacement of the lens backwards during operation. Cocaine was also instilled into the eye at the same time to relieve the pain caused by the eserine, and also to obtund the sensibility of the cornea, and

prevent spasm of the orbicularis muscle. The incision was made downwards, and the lens removed without trouble:

Also, (2) a glaucomatous eyeball in which there was dislocation of the lens downwards upon the iris and into the anterior chamber. The surface of the eyeball bulged in some places, owing to the localized thinning of the sclerotic, and the great tension of the intra-ocular fluids. The vitreous humor was quite fluid. At the time of operation there was pan-ophthalmitis of the affected eye, and as sympathetic inflammation of its fellow was feared, it was thought advisable to remove the inflamed organ.

Dr. Atherton had found a calcified lens at the fundus of an eye which he had removed for pan-ophthalmitis of three weeks duration. The retina was atrophied at and near the dislocated lens.

CASES IN PRACTICE.

Dr. McPhedran related a case of syphilis in which, two weeks after intercourse, a number of herpetic ulcers appeared in the sulcus behind the glans. Within a few days, four of these formed typical Hunterian chancres. The unusual number of hard chancres, and their early appearance are remarkable in this case.

Dr. Sweetnam reported a case of perforation of the soft palate from syphilitic ulceration. After ten days of anti-syphilitic treatment the palate was operated upon in the usual way. It did well for five days, when the stitches tore through from contact with solid food which had been taken contrary to orders. An ordinary rubber palate-plate was then made by a dentist, with a boss upon its upper surface, which exactly fitted the aperture. This produced great improvement in the voice, and was worn with comfort. The boss was snipped off when granulation commenced, and the plate still worn till complete healing took place. The support and rest given to the soft palate by the plate evidently promoted healing.

STATED MEETING, FEB. 24.

Dr. W. H. B. Aikins read a paper on

THE BACILLUS OF TYPHOID FEVER,

illustrating the subject by means of some very interesting 'cultures' of the bacilli on potato,

and in gelatine, and agar-agar. Several microscopic specimens of the growing and stained bacilli, were also shown.

Dr. Hamilton followed with a paper on

REDUCTION OF HERNIA.

The methods of reduction upon which he dwelt were: (a) Gravity with succussion, as practised by inversion. (b) Taxis. (c) Application of cold externally, by means of ether-spray, ice-bag, etc., and internally, by means of cold water injections. (d) Digital dilatation of the constricting ring.

Discussion.—Dr. Oldright expressed the opinion that digital dilatation of the ring was, in the majority of cases, almost, if not altogether, impracticable, as it was found exceedingly difficult, even when the sac was empty, and after dividing the skin, to dilate the dense, fibrous, inelastic ring.

Dr. Doolittle mentioned a case in which reduction by taxis occurred in a few minutes, after suspension by the friends of the patient for nearly an hour had failed.

Dr. McFarlane had always availed himself of the advantages of gravity offered by elevation of the hips. In making taxis, the anatomical relations of the parts should be borne in mind, and pressure made exactly in the course of the axis of the canal.

Dr. Carson thought that both suspension and taxis have their uses in different cases. He illustrated by a diagram how suspension would favor reduction, when the contents of the sac consisted of coils of intestine, or a single knuckle with fluid contents. And also showed that if the contents of the sac were solid and firm, suspension would fail.

Dr. Atherton thinks rectal injection may be advantageously used in acute cases, *i.e.*, where the sac of the hernia is newly formed. He had succeeded in reducing a hernia, after withdrawing a small quantity of fluid by a hypodermic syringe.

Drs. Smith and McPhedran, showed a case of cancer of the breast in a woman aged 44. The growth commenced nine months ago. It is now nearly as large as a child's head, indurated in some parts, and cystic in others. The surface is quite nodular; and ulceration, giving rise to profuse hemorrhage and serous discharge,

has occurred in a few spots. The axillary and supra-clavicular glands are enlarged to such an extent that the Society thought operation would fail to eradicate the disease.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

An ordinary meeting was held, March 11th, J. P. Rutherford, M.D., president, in the chair.

Dr. Holmes related a case of lithotritry in a young man, aged 26. A phosphatic calculus was removed in two sittings, the fragments of which weighed 3iiiiss. Patient made a good recovery.

Dr. Fleming read a paper on a case of Fracture of the Trachea, with Laceration of the External Soft Parts. He pointed out the dangers and the great rarity of this accident as well as the causation of it in civil practice.

On March 6th, 1884, was summoned to see J. B., aged 46, a spare, muscular man. Found him suffering from a fracture of the trachea, with laceration of the soft parts, and just rallying from a profuse hemorrhage. An examination of the wound with the finger induced fresh bleeding, which nearly proved fatal from the loss of blood and from asphyxia. His violent efforts to expel the blood from his lungs made it almost impossible to do anything to stop the hemorrhage. He was placed on his side, as well over on his face as possible, and ice applied. The bleeding ceased in a few minutes and did not recur, though he coughed violently for some time. He was placed in an airy room, which was kept at a temperature of about 80° F., and its air moistened with steam. No attempt was made to close the wound, which was dressed with oil silk, over which an ice bag was kept constantly applied. Pulse 120; temp. 100° F. He was given ergot and bromide of potassium, with a diet of milk and beef tea. Five days later a violent hemorrhage set in, lasting half an hour. Similar treatment pursued as in the primary hemorrhage. A large quantity of fluid and clotted blood was coughed up, the bleeding ceasing when nature seemed about exhausted. He rallied slightly when, with an almost superhuman effort, he dislodged a firm, dense clot,

about as large as a horse chestnut, with immediate relief. Nourishment was given him as soon as expedient and the bromide increased. Pulse 125, temp. 102° F., though both were about normal before the hemorrhage. Thirty-six hours later moderate hemorrhage again occurred, lasting twenty minutes. The week following this his temperature ranged from 100° to 102°, but remained normal the balance of his convalescence. Six weeks after the injury the wound was closed by a fibro-cellular membrane, and during this time not more than 3iv of pus was secreted. The 4th, 5th and 6th rings of the trachea were divided, the ends separating about half an inch, while the posterior portions of them were somewhat twisted upon themselves. The missile, a square-ended white ash stick $3\frac{1}{2}$ ft. long, $1 \times \frac{5}{8}$ ths in., was broken into two pieces by the resistance it met. It was shot like an arrow from a driving-wheel making 1,400 revolutions per minute, striking immediately above the sternum and a little to the left of the median line. Since the accident he has suffered from dysphonia, and experiences much difficulty in expectorating mucus.

Treatment.—The hemorrhage was controlled by ice, it being impossible to ligate the vessels or to apply sufficient pressure to control it. Inserting a tracheotomy tube and packing the wound was inadmissible while the lungs were loaded with blood. Ergot and pot. bromide were given to lower blood pressure and to lessen the irritation.

Dr. Holmes favored using ergot, but not the bromide, owing to its depressing action and its soothing influence on the bronchial tubes. Thought opium combined with atropine would, perhaps, be better.

Dr. McKeough said a night-cap device, applied to the head and fastened to the chest, was very useful, controlling the movements and keeping the chin in flexed position. Opium open to the same objection as the bromide.

The President would be inclined to use ergot and bromide, carefully watching their effect upon the patient. Thought belladonna might be useful. He wished to know the prospects of the patient always retaining a patulous trachea.

Dr. Fleming, in reply, said he used bromide, as the patient had no symptoms of heart failure at any time. Did not fear contraction of the trachea.

Hospital Notes.

REMOVAL OF A PORTION OF INFERIOR MAXILLA FOR MALIGNANT DISEASE, BY DR. GRASSETT.

(Kindly reported by Dr. Dow of the Resident Staff.)

W. C., aged 50, born in England, occupation a baker; admitted to Toronto General Hospital Oct. 23, 1886; operated on January 16, 1887. Family history good.

Thirty years ago patient had gonorrhœa, bubo and chancres; twenty years ago he had small-pox; he has always used alcohol freely and has been a heavy smoker, holding his pipe in the left side of his mouth. One year ago he had a rash all over his body, accompanied with sore throat.

In October, 1885, patient felt a slight roughening on floor of mouth, under the tip of tongue, and on looking at it found a small white patch. He consulted his family physician, who gave him a stick of nitrate of silver, with instructions to cauterize it night and morning. This made it more painful and it continued to increase. He then consulted a quack surgeon who was travelling through Ontario, and who prescribed a lotion. This was useless, and since that time his condition has been becoming worse.

Present condition.—There is an indurated spot on floor of mouth, about the size of a five cent piece, just under the tip of tongue, and on the alveolus of lower jaw is a tumor extending from second incisor tooth on left side to second molar on right side. It is elevated, covered with creamy pus, and painless to the touch.

Operation.—Patient was anesthetized and an incision was made from above downwards in median line of lower lip, the flaps were then dissected away from diseased portion of jaw, the bone was sawn through with a Hey's saw, after which the muscles were separated and the bone removed. The hemorrhage was controlled by means of ligatures and the application of sponges wrung out of hot water, the flaps

were brought together by means of silk sutures, and the patient sent to the ward. For the first twenty-four hours his tongue was held forward by means of a ligature which was passed between the lips and held by relays of students.

After the operation the patient's temperature, at the end of four hours, was $100\frac{1}{2}^{\circ}$ and his pulse 104; at the end of twenty-four hours his temperature was 101° and his pulse 120, and during the remaining period of convalescence his temperature never rose above 99° and his pulse 89. Nourishment for the first day was kept up by giving him enemata of milk and brandy; on the second day he was able to swallow milk, brandy, and oyster soup, and on the fifth day after the operation he was able to swallow bread, beef, etc. The wound healed from the first. The stitches were taken out on the eighth day after operation, and on Feb. 21, 1887, he left the hospital feeling perfectly well and able to speak quite distinctly.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

THE GAOL AND THE INSANE.

SIRS,—A long time ago, when people suffered from mental unsoundness, our forefathers used to stone them, stock them, duck them in ponds, whip them and hunt them, getting much amusement out of them; other races, more ignorant, quietly dispatched them to the other side of Jordan.

After a few hundred years our fathers considered that the devil had got into these people, and, after various devices had been employed to cast him out, would chain them up and feed them with various herbs which had the reputation of being able to purge his satanic majesty right out. By and bye, they got them into places of shelter, of which our modern asylums are the legitimate outgrowth.

But the partitioning of the afflicted into classes was never attempted until lately, and of all the divisions of mental diseases, what think you of that one under which we, in this evening of the nineteenth century, make, viz., the eminently scientific one of rich and poor?

If the friends of the unsound one have money they are taken into palatial buildings, kept pain-

fully clean and neat; but if poor the diseases with them are so different, so peculiar to poverty, that it is thought they require a little of the primitive forms of treatment meted out so skilfully by our forefathers; but as we have special laws against stone-throwing, no stocks, or ponds, our nearest implements of torture, physical and mental, are the terrifying bolts and bars of our common gaols, with all that these, to a person sick and sensitive, would imply; and whereas our forefathers could turn out *en masse* and pelt and jeer and have lots of fun with these people, now we reserve them for the jeers and jokes and diversion of our basest criminals, the most unfeeling and unsympathizing brutes we can collect in our gaols, and the larger our gaols the more fun there is.

There are some few in the community who think this classification of the insane not in accordance with true facts, but that does not matter much, the Government has placed its seal on it. The criminal classes must have amusement, and the least the Government can do is to let them get it out of those who, being sick, cannot pay to escape, and there is the end of it. Truly we are "chips of the old block."

Yours,

FULMEN BRUTUM.

Toronto, March, 1887.

Book Notices.

In the notice of Strümpell's Practice of Medicine of last month, for asthma, read anthrax.

The Antiseptic Treatment of Summer Diarrhæa.
By L. E. HOTT, A.M., M.D. Reprint.

On Fevers: their History, Etiology, Diagnosis, Prognosis and Treatment. By ALEXANDER COLLIE, M.D. P. Blakiston, Son & Co., Philadelphia.

A Reference Handbook of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and Allied Sciences. Edited by A. H. BUCK, M.D. Vol. IV. Wm. Wood & Co., Lafayette Place, New York. 1887.

Some considerations concerning Cancer of the Uterus, especially its palliative treatment in its later stages. By ANDREW F. CURRIER, M.D. Reprinted from *New York Medical Journal*, 1887.

The Past, Present and Future Treatment of Homœopathy, Eclecticism and kindred Delusions which may hereafter arise in the medical profession, as viewed from the standpoints of the history of medicine and of personal experience. By J. BOWDITCH, A.M., M.D. Boston: 1887.

Dr. Wm. A. Hammond will open the April *Popular Science Monthly* with an able article entitled "Brain-Forcing in Childhood." The paper gives a vivid picture of the evils of the book-cramming process, now so common in both public and private schools, and also contains a strong plea for fewer studies, more direct contacts with nature, and less of the intervention of books.

The Science and Art of Obstetrics. By THEOPHILUS PARVIN, M.D., LL.D., Professor of Obstetrics, etc., Jefferson Medical College, Philadelphia; octavo 697 pages, with 214 engravings. Philadelphia: Lea Bros. & Co. —\$4.25.

This is a good, well written work, which we can heartily commend. It will be found particularly useful as a text-book for American students. As the work is by no means overloaded, we would have been glad to see some notice of the British method of using forceps, more especially as the plan described by the author is a little complicated.

The Year-Book of Treatment for 1886. Philadelphia, Lea Brothers & Co., 1887.

This annual is as usual deserving of the highest commendation, for within the small compass of 300 pages, the busy practitioner will find short references to all the important therapeutical advances (medical, surgical and obstetrical) that have been made up to October, 1886. The books and periodical literature of all countries have been sifted by twenty-two English physicians and surgeons of eminence, and the result of their labors is here presented in a most available form for ready reference.

The American System of Gynecology, which for some time past has figured among the more important announcements of Messrs. Lea Bros. & Co., of Philadelphia, we are glad to learn is well through the press, and may be expected shortly. Numbering among its contributors such

prominent authorities as Professors Barker, Battey, Engelmann, Garrigues, Goodell, Reeves, Jackson, Lusk, Mundé, Reamy, Thomas, Van de Warker, etc., it will certainly present a thoroughly satisfactory and complete statement of the science in its most recent aspects, and we feel justified in congratulating the profession that what has been peculiarly an American specialty is about to receive from American hands the literary tribute due to it.

Manual of Diseases of the Ear. By THOMAS BARR, M.D. Glasgow: Maclehose & Sons, 1884.

This work is designed to give students and practitioners of medicine a good general knowledge of diseases of the ear. The work is divided into four parts: the first is devoted to the methods of examination of the ear and the general causes, course and treatment of diseases. The second section takes up the parts of the ear covered by skin—the external ear. The third part discusses the mucous tract—middle ear; and the fourth part the nervous apparatus—internal ear. This is a convenient plan, although the frequent references, "to avoid repetition," from one part to another, especially a subsequent part, are often annoying. The chapters which are particularly worthy of notice are those on chronic mucous and dry catarrh of the middle ear, and chronic suppurative disease of the middle ear. There is a full index and a complete list of formulæ for use in the various diseases. The whole work is comprised in 529 pages and is well issued.

Manual of Life Insurance Examination. By JAMES THORBURN, M.D., Ed., Toronto.

The author of this book, Dr. Thorburn, is the chief medical officer of the North American Life Insurance Company, and has had an extensive experience for many years in the examination of risks. He is, therefore, in a good position to know the requirements necessary in this branch of medical practice. This little work is most conveniently arranged for reference, as the various diseases are placed alphabetically. We have no hesitation in recommending the work as one likely to be of great service to those practitioners who are engaged as medical examiners.

Too little attention has been paid to this subject both by the physician and by the insurance companies. The physician should look upon the position of examiner as one of great responsibility, and one which requires sharp and accurate powers of discernment as well as mature judgment. On the other hand the companies should consider the medical officers among the most important of the staff.

The whole success of a company depends on its medical examiner. This being the case, it is difficult to understand the carelessness shown by some companies in the appointment of its examiners, and the very humiliating manner in which the latter are frequently treated by the companies.

A Manual of Microscopical Technology for use in the Investigations of Medicine and Pathological Anatomy. By DR. CARL FRIEDLANDER, University of Berlin; translated by Stephen Yates Howell, M.A., M.D., pp. 249. G. P. Putnam's Sons, New York and London; D. O. Haynes & Company, Detroit, Michigan.

The name of the well-known investigator and scientist, Carl Friedlander, is, in itself, a guarantee of the useful character of this work, and we are safe in saying that the Manual has lost nothing in its translation by Dr. Howell, who has added numerous foot-notes, explanatory of the various views and suggestions of the author. The need for such a work as this has been great. Most of the treatises on this important branch of medical science are too comprehensive, and too expensive for the use of students and busy practitioners, but in this manual, Microscopical Technique is treated clearly and fully, in as few words as possible. A large portion of the book is devoted to the description of hardening reagents, and the preparation of sections and stains. There is a chapter introductory to the study of Bacteriology, and the examination of fluids such as sputa, urine, pus, etc., is fully considered. We cordially recommend it, especially to students and practitioners who require a brief yet comprehensive work on this important subject.

Diseases of the Nerves, Muscles and Skin. Being Vol. III. of DR. HERMANN EICHHORST'S Handbook of Practical Medicine, and Vol.

X. of Wood's Library of Standard Medical Authors, 1886 (consisting of 12 vols., price, \$15). Sold only by subscription. William Wood and Company, New York.

This work, though necessarily concise, is quite comprehensive, and thus forms a superior handbook of reference for the medical practitioner. It is profusely illustrated. Most of the cuts represent characteristic conditions, and hence are peculiarly instructive. The treatment of many of the diseases of the nervous system is disposed of quite summarily in some cases, or the reader is referred back to the treatment of some allied condition, without even the convenience of being told the number of the page. Sixty-five pages at the end of the book are devoted to the treatment of diseases of the skin and its appendages. We doubt whether any good purpose is served by the repeated employment of a series of half a dozen or more polysyllabic words, where simple English equivalents readily suggest themselves, but the general excellency of the work is such that this foible of the author may well be excused. The excellence of the type, paper and binding of Woods' Library, is too well known to need comment. On the whole this is a book that will be valued by the profession in this country, and we bespeak for it a favorable verdict from the readers of the PRACTITIONER.

Personal.

Dr. Bethune, of Wingham, has removed to this city.

Prof. Arlt, the celebrated Austrian ophthalmologist, is dead.

Dr. Bigelow, recently returned from London, will practice in Parkdale.

Dr. J. H. Duncan, of Thamesville, has gone into partnership with Dr. Tye, of Chatham.

Dr. Coatsworth has returned from Edinburgh and commenced practice on Gerrard Street East.

Dr. James F. Bell is now practicing at La Grand, Union Co., Oregon.

Dr. Brien, M.P. for South Essex, is dangerously ill of typhoid fever.

Dr. P'Anson has started practice on Gerrard Street East, Toronto.

Dr. William Yonker, Belleville, has been appointed associate coroner for the county of Hastings.

Dr. W. H. Montague, of Dunville, has, on a recount, been declared elected to the Dominion House.

Dr. Jas. C. Carlyle, who recently passed the triple qualification examination, Edinburgh, has returned to Toronto.

Dr. A. Robinson, of Hamilton, has gone to Unionville, to take the practice of Dr. Mitchell, lately deceased.

Dr. H. C. Wood, of Philadelphia, has been tendered the chair of medicine at the Johns Hopkins University, Baltimore.

Dr. William Giles, of the village of Haliburton, has been appointed associate coroner for the provisional county of Haliburton.

Dr. Geo. Dawson, son of Sir Wm. Dawson, Montreal, will have charge of the Yukon Valley expedition, which is to try and define the unsettled boundary of British Columbia and Alaska.

Some changes, rendered necessary by the death of Dr. Barrett, have been made in the staff of the Woman's Medical College: Dr. McPhedran was chosen Dean; Dr. Peters takes Physiology; and Dr. J. Cavin, Pathology.

Dr. N. S. Davis, of Chicago, the president elect of the ninth International Medical Congress, completed his three score years and ten last January, and in honor of the occasion received several addresses and numerous handsome presents.

BIRTH.—At Kingston, March 11, the wife of Dr. W. H. Henderson, of a daughter.

A DISINTERESTED HUSBAND.—Wife (to husband)—John, mother is very sick this morning, and I wish you would stop at Dr. Pellet's office on your way down town and send him here at once. Husband—Why not employ young Dr. Smith? He is just beginning to practice and ought to be encouraged. I believe in giving young men a show.—*New York Sun*.

TREATMENT FOR BOILS.—Cover the boil and the surrounding ring with a paste made of

honey and powdered arnica flowers, placing a piece of cloth over all. Change the dressing every two hours. The pain and tenderness will cease by the second or third day. If applied at the very beginning of the boil it will abate in 24 hours.—*Giornale Internazionale*.

A correspondent writing to the *Cleveland Medical Gazette* says Billroth is "a marvellous surgeon—operates like a god—with an elegance and certainty with which only Billroth can operate. But he is a very poor speaker, and it is extremely difficult to understand him. I saw an incident which I think will interest you. A patient was brought before Billroth with a swelling in the perinaeum. I thought of several things that it might be, and before I was aware of it, Billroth commences to lecture on the subject of hernia—for Heaven's sake, what had this to do with the hernia? But I was soon to find out. In the course of his elaborate lecture, he suddenly launched upon ischiatic hernia. Now I saw the connection, and I thought: 'This is the place to see rare things.' Well, after he was finished the patient was narcotised. The initial incision was made with Billrothian elegance and grace. Lo and behold! in the depth sat a beautiful, round, circumscribed and yellow lipoma. We are not infallible, Billroth included."

The attention of the medical faculty is specially directed to an advertisement of "Little's Soluble Phenyle," which appears on page 15 of this journal. Too much cannot be said as to its merited virtues, as a first-class disinfectant and antiseptic, so vividly shown from the many medical and other testimonies received in its favor. This article has been before the public for many years, and used in the different forms as prescribed in the circular, with the most satisfactory results, being, as claimed for it, superior to carbolic acid, having all the good qualities, but non-poisonous and non-corrosive, and leaves a pleasant and refreshing odor after use. Phenyle is so cheap as to render its use acceptable generally in the mansion, college, hospital, etc., for all purposes where an antiseptic, deodorizer, and disinfectant agent may be required.

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, MAY, 1887.

Original Communications.

INFLAMMATION OF THE FRONTAL SINUS.

BY R. A. REEVE, B.A., M.D.,

Lecturer on the Diseases of the Eye and Ear, Toronto School of Medicine, Surgeon, Mercer Eye and Ear Infirmary (Toronto General Hospital), etc.

[Read at Meeting of Toronto Medical Society, Feb. 10, 1887.]

The lining membrane of the frontal sinuses being continuous with that of the nasal meati, through the medium of the infundibulum, the former are apt to be involved in influenza, acute coryza, etc., acute simple or purulent catarrh occurring, or a more active form—a virtual periostitis, which may end in resolution, or in ostitis with external periostitis of orbital plate and so-called "abscess." The latter may also be the last stage of chronic catarrh of the sinus with dilatation. A sub-acute form may be similarly induced, and it may also recur now and then in the course of a chronic nasal catarrh.

Chronic inflammation eventuating in a sort of cystic retention tumor, which gradually distends the sinus and encroaches on the orbit, displacing the eyeball, is generally ascribed to stenosis or closure of the infundibulum from traumatism. And it seems occasionally—in my own experience, as often—to follow extension of the catarrhal process upwards in chronic nasal catarrh, especially with hypertrophy of the cushion on the middle and inferior turbinates, tending to block the infundibulum. (It is, perhaps, not out of place to say here that hypertrophy on the middle turbinates should be cor-

rected as well as that of the inferior in the treatment of chronic nasal catarrh.)

In a case seen in consultation in 1871, inflammation of the frontal sinus occurred with orbital cellulitis and dacryo-cystitis following attempts to cure a stricture of the nasal duct and mucocele. (I shew you the photo of this patient with inflammation and distention of the frontal sinus of the *opposite* side, for which he came under my care during the past year).



Fränkel conveys the unpleasant information that "centipedes are particularly liable to be found in the frontal sinus, where they may at any time excite inflammation!" (Ziemssen.)

Severe brow-ache and frontal pain in the course of influenza, acute coryza, etc., suggest implication of the frontal sinuses; and distinct tenderness of the orbital plate, resenting careful pressure with the finger tip on, and just beneath the brow indicates internal periostitis. And if inflammatory oedema of the soft parts

about the brow supervene, ostitis and external periostitis are likely present.

A few points in Differential Diagnosis.—Acute, simple orbital periostitis generally follows direct violence, and an exploratory incision and the probe would clear up the diagnosis. The fistula following the evacuation of "abscess" of the frontal sinus discharges mucus or muco-pus, which would not appear in the sinus of periostitis or caries. In abscess of the eyelid there is no tenderness of the bony orbital margin, and fistula does not ensue. In orbital cellulitis there is marked swelling of the lower lid as well as the upper, and the globe is pushed directly forward, the conjunctiva being chemotic.

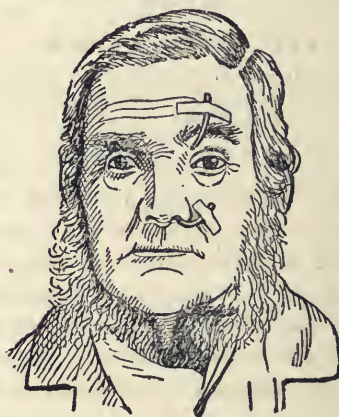
In acute inflammation of the lachrymal sac (a dacryo-cystitis), there would likely be a history of epiphora and mucocele, and the swelling begins at the site of the sac, pressure upon which intensifies the pain, while the adjacent bone is insensitive.

Again, in the chronic distension of the frontal sinus the external swelling is mainly at the upper inner angle of the orbit, the brow is prominent, and the orbital plate is depressed, the eye being displaced downwards, outwards and forwards; but one has sometimes to make an exploratory incision, and use finger and probe in order to differentiate from orbital growths, and also to detect disease of the ethmoidal cells, which may occur alone, or in connection with that of the frontal sinuses, one large cavity resulting.

Whenever the frontal and ethmoidal sinuses become inflamed there is likely some congestion of the overlying dura mater;* and it is highly probable that in the more serious cases—which may recover—there is a localized meningitis. A fatal case is now and then reported in which a purulent discharge had occurred from the nose, or naso-pharynx, doubtless originating in the frontal or ethmoidal sinuses, and *post-mortems* prove that fatal secondary meningitis is at least occasionally associated with purulent inflammation of the ethmoidal or frontal sinuses. (See case below).

*The discomfort and dull headaches of some catarrhal subjects may be ascribed, in part at least, to this cause.

Treatment.—In acute catarrh or periostitis of the sinus, besides the ordinary attempt to abort the nasal catarrh and fever by opium *et al*, diaphoresis with pilocarpine, or the Turkish or home-made vapor-bath, general rest in a warm, dry air of equable temperature, the exhibition of aconite and belladonna, the nasal mucous membrane should be kept under cocaine, applied in solution, or as snuff with pulv. acaciæ, or in form of ointment or bougie, and hot anodyne stupes be applied to brow, or dry cold or heat by aid of Leiters' metal coil. Local depletion by leeching has done me good service. If serious symptoms persisted in spite of such measures fairly tested, it would not be meddling surgery, but would be in order, to incise to the bone under the brow, and then carefully tap the sinus.



In cases of chronic inflammation and distension of frontal sinus, the proper course is to evacuate, drain and medicate: incise to the bone just beneath the inner end of the brow, drill through the orbital plate, (avoiding pulley) of external oblique, or utilize existing openings, then perforate the floor of sinus into nose by means of a curved trocar or director, and insert a drainage tube, the free ends being fastened above the brow and without the nostril respectively. The tube is left in situ for several weeks or months, according to circumstances, and the sinus is flushed with antiseptic and astringent injections p.r.n. After a time (variable) when the lower opening has cicatrized the tube may be withdrawn and a stylet worn so that further medication may be effected, although the general rule is to retain the tube

until the external opening can be allowed to close. Recovery is generally protracted, but relief is prompt.

Distension of the frontal sinus seems to be a less rare disease in this country than in some others. S. Wells only gives one case of his own in the last edition of his treatise, and Noyes in his work of 1881 says, "I have seen one or two myself." Of the twelve cases under my own care requiring operation, ten were instances of more or less chronic enlargement. Eight subjects were males and four females, and the ages ranged from about ten years to three-score and ten. The disease had existed from a few months to thirty-five or forty years, and treatment covered from a few weeks to twelve months or more. (The case shewn in the wood-cuts was of several months' standing, and treatment lasted eight months).

In four cases nasal catarrh was seemingly the primary mischief, and traumatism also in four, but the original injury sometimes dates so far back that it may be easily overlooked. In the only case—an acute one—which, as far as I am aware, had a fatal result, there was secondary meningitis as shewn by double optic neuritis and other signs when the patient was first seen, and a carious condition of the inner wall of the sinus was present. In two other cases, in which after-treatment was not carried out, there was also caries of the wall, and the contents of the sinus had already escaped; and in two other instances treatment was not persevered in. In three cases the frontal sinus and ethmoidal cells were virtually one cavity. In six cases of the series in which treatment was fairly tested, the result was satisfactory.

CARBON MONOXIDE.

ALAN MACDOUGALL, M.C. SOC. C.E., F.R.S.E.

The presence of this subtle and dangerous gas is, perhaps, hardly as fully recognized as is desirable. It is the favorite theme of all advertisers, and of stovemakers, as the great bug-a-boo to the comfort and safety in the health of the inmates of a house, and the special enemy their particular line of stoves has been peculiarly designed to conquer. The winter through which we have just passed has been marked by

its severity and unusual and rapid changes; hardly one week has passed all season in which gradations of heat and cold have not been recorded beyond the record of many past seasons. It is a very long time since we have passed through such a trying season; for over three months there have been severe snow storms, abnormal thaws, and successions of frosts such as seldom occur in the depth of a Canadian winter. The experience of the medical profession has been that the winter has produced more sickness, bordering on the malarial type, than any season since the present system of registering and recognizing low, malarial, and catarrhal fevers have been established.

The result of several investigations tempts me to bring under the notice of my co-laborateur in the field of sanitary science some points connected with the presence of carbonic oxide, or the ordinary coal gas from stoves and furnaces, which can be discussed professionally, and free from the trammels of a trade advertisement.

One point worthy of notice is the undue dryness of the past season. The records of the observatory do not denote undue dryness of the external air, yet there has been great dryness of air in the house. In the same offices and house, occupied for three consecutive winters, with the same heating appliances, steam coils in the former and stoves in the latter, the relative humidity of the atmosphere last winter was 55 to 60 per cent. against 75 per cent. in former seasons.

The other, and main point, has been the silent force of carbon monoxide. During the extraordinary and rapid changes to which we were subjected, the smoke from the chimney stalk has been deflected and carried downwards in a manner not noticed in former seasons. Regular tests were made, by leaving a dressing room window, on the south side of the house, open from 9 o'clock to midnight, from which it was established, without doubt, that carbon monoxide was deflected and entered the room. The smell as the door of the room was approached was uncomfortable, and on lifting the blind the odor was so strong at the window that it was shut at once. This result was obtained during the cold weather of March, even up to the last days of the month. The

reversal of the current in chimneys was equally serious, and the effect of what is commonly known as down-draught was sufficiently serious to suggest the theme of the present article.

The medical practitioner is frequently at a loss to account for particular phases of disease which seem to defy treatment, as well as to find a cause for persistent continuance. The results of last winter's observations lead me to offer the following suggestions, that more attention be paid to the action of carbon monoxide when it has been thoroughly established that the drainage and plumber work of the house is in perfect order. It has not yet been established that "coal gas" won't escape from the doors and fittings of an old stove, or from the receiver when it is nearly empty. The minute perforations of long used stove pipes, or badly fitting joints, and the choking up of the pipe from ash, thereby destroying the draught, are all points to which much attention can be profitably directed. Down-draught in an unused chimney should be looked for, a little "waste" burned in the grate or at the throat of the chimney will tell at once how the draught is. If it be downward the chimney should be stopped, or an upward draught stimulated.

One difficult case, which baffled both the attending physician and myself, I at last traced to a defect in the flue of a furnace and the connections of the smoke pipe to it. The family were all prostrated and threatened with diphtheria, the cause of poisoning was primarily carbon monoxide, escaping from a defective connection and flue, and also from a cause which, it is hoped, is so rare as to be practically unknown, the pollution of the water-pan of the furnace with *urine*. This unpleasant experience has been encountered more than once in my practice.

It is not advanced as a theory for the excessive sickness we have had in Toronto all winter that "coal gas" is the primary cause, but in the light of observations made with care all season, it seems reasonable to conclude that in very cold weather, and in rapid changes, we are exposed to the influences and dangers arising from poisoning by carbon monoxide. As the city grows, and a greater quantity of anthracite is burned, so much the greater will be the

volume of carbonic oxide, and it behooves all who are battling with disease to look far and near for all producing causes with the view to eradicating them.

LOCOMOTOR ATAXIA.

BY DR. ALBERT A. MACDONALD.

(Extracts from paper read before the Toronto Medical Society, March 10, 1887.)

Tabes dorsalis seems to have been observed by ancient writers, who, however, covered by the name many functional and organic diseases of the spinal cord. About the commencement of the present century the name included all the wasting diseases of the cord. Between 1847 and 1858 the clinical signs were considered together with the anatomical lesions, and the posterior columns were settled upon as being the seat of this most common form of spinal disease. It was taught that as the posterior columns were the sensory and centripetal conductors, then, of course, anything which would destroy or disease that conducting medium would give rise to inco-ordination. It appears now that the posterior columns are made up of a variety of fibres whose functions are of a complex nature.

Some hold the view that the most important centrifugal centre lies behind the plane which divides the cord into anterior and posterior halves, and that the centripetal centre lies in front of it. On these points a large field still remains open for discussion and research. The diseased field is not uniform in the posterior segment, but appears to be more intense in special parts.

Though pathology explains the changes in the cord, and the symptoms arising therefrom, it is still unable to draw a line of distinction between inflammatory and non-inflammatory affections. The microscope does not reveal to us the difference between syphilitic and non-syphilitic tabes.

A stage exists before sclerosis takes place in which there is a granular degeneration, and the part of the cord in which sclerosis usually takes up its commencement is a triangular field of the posterior column, in the lumbar enlargement. The posterior rootlets running through

this field are affected by all the changes. From the point of commencement the affection is usually progressive, and the different pathological conditions are clearly defined, and now a disease which formerly passed through its earlier stages, labelled as rheumatism or some other disease, is diagnosed before we are justified in making the announcement to our patient that he is afflicted or threatened with a disease at once most insidious, slow, progressive, distressing and hopeless.

In locomotor ataxia, no single cause can be assigned as the sole responsible factor in all cases. Sexual excesses, exposure to cold and wet, over exertion, injury, shock and syphilis are some of the common causes named, and, in the early history of the disease, the victim of tabes has frequently to bear the reproach of having, by his own excesses, brought the injury upon himself. Nothing can, however, be said more definitely than that one or more of the supposed existing causes may have co-existed with or preceded the attack.

Though hereditary tendency was thought to play quite an important part in the causation, there is but one case on record where both father and son had the disease.* Those who have other nervous affections are more often affected. Sex has a decided influence—only about one female for every ten males becoming affected. In women the disease is more slow and less marked by crises.

Amongst the elements which constitute a predisposition to tabes, syphilis undoubtedly holds the first place. Statistical evidence gives the number of syphilitics amongst tabes as ranging all the way from 22 to 93 per cent., and I am inclined to the view that the closer the scrutiny the higher will the percentage be found to be. Clinical distinction between syphilitic and non-syphilitic cases is difficult, an early preponderance of diplopia, ptosis, and pupillary symptoms is regarded by many as an evidence of syphilitic origin.

Age seems to exert some influence and the date of commencement in most cases is not earlier than 25 years nor later than 50. Spinal concussion, diphtheria, scarlatina, and a number of toxic agents have been credited with the

production of the disease. Of these, ergot of rye in excess produces a disease closely resembling locomotor ataxia. The causes may be picked from so many groups that we are forced back to the original assertion, that no single cause can be assigned as the sole factor in all cases.

In the matter of diagnosis, the observance of the walk, which in advanced cases is so characteristic of the loss of power of co-ordination, is sufficient to arrest one's attention. In suspected cases we must look early for such symptoms as the absence of the knee jerk, reflex iridoplegia, bladder paralysis, delayed pain conduction, and other sensory disturbances.

There are other spinal diseases which might produce these or some of these symptoms, but it is more by the general grouping, and excluding of extra symptoms, that the early diagnosis is reached. Perhaps more has been said about the "absence of the knee jerk," as a diagnostic sign, than of any single symptom observed. At first great stress was laid upon this point, but, unfortunately, it does not stand the test of time. I have now one patient in whom the disease is well established, and in whom the knee jerk is present and perfect.

Recent observations on a large scale have proved that the "knee jerk" cannot be elicited in every healthy man, and I have met with several cases in which it was absent, though the patient was in good health. It is difficult to demonstrate in children, and gradually disappears with age. There are some sources of possible error in examining for this symptom, and before deciding that the knee jerk is absent it is well to make a thorough test. As a rule, in a healthy adult, if, whilst sitting on a chair one leg is thrown over the other, and then the ligamentum patellæ of the uppermost knee is struck in the middle a short, quick blow, the leg is jerked involuntarily in about one-fifth of a second. If failure should take place the ligament should be placed more upon the stretch and different parts should be struck. We should bear in mind that not only do some other diseases impair this test, but that a number of healthy individuals do not respond and still live many years unaffected by tabes.

The condition of the pupil is a more constant

* *Remak*, 1885.

sign. Iridoplegia accompanied by oculo-motor disturbances is due, as a rule, either to disease of the spine or of the pons varoli. The course of the disease is slowly progressive. The symptoms which precede and accompany its advent are of such an insidious nature that often the patient does not consider himself seriously ill. Perhaps he may notice with annoyance that he tires more easily than formerly, that he has vague pains, dizziness, and impairment of vision, or other such symptoms. He may continue in this way for years before any great advance in the disease is made; or the progress may be steady from the outset of the first symptoms. One side is usually affected first, but the other usually follows and keeps on until both are equally affected. In nearly all cases the lower extremities are affected first, and usually a long time elapses before extension to the upper parts takes place. Extending as it does over a number of years, the patient often dies of some intercurrent affection—cystitis, pyelitis, bed-sores, and pulmonary consumption are amongst the most frequent causes of death. Perfect cures are very rare, though sometimes patients may improve for a time, or the disease may remain stationary. Nutrition is not impaired until very late, and then its effect is shown first in the lower extremities. Muscular strength as such is usually unimpaired until a late stage.

With regard to the signs which are most common:—The tired feeling, especially in the knees and ankles, having a numb feeling associated with it, has been regarded as pathognomonic of early tabes. The sudden pains, which are usually described by the patient as rheumatic, affect more often the sciatic, anterior-crural, abdominal and perineal regions—and differ from rheumatic pains, in having paroxysms and complete intermissions, and in being relieved by pressure.

Another kind of pain is described as a tearing or boring pain. I have one patient in whom the belt sensation is well marked, but in addition he feels as if his left hypogastric region were as hard as a board. About one patient in five passes through his trouble without pain. I will mention one case of the kind which remained for some time under my care:—H.,

a native Canadian farmer, aged 40, has been married about 15 years, has no trace of any hereditary or syphilitic disease. His parents were steady farmers who lived to a good age and were always healthy. His own habits were good and steady. No distinctly exciting cause could be found, unless it might have been that about two years ago his house and barns were burned down during the winter, and in the following months he worked very hard and was exposed to a great deal of cold and wet. He had also indulged in excessive venery for the past 12 years. About 15 months ago he noticed that though he seemed strong he could not walk well; he could hardly walk in the dark, and even in daylight would stumble over any uneven surface. Going up stairs was difficult, and coming down was a great deal more so. The sensibility of the parts supplied by the anterior crural nerve on the left side was impaired, and he imagined that the muscles of that thigh were very weak, though to me they seemed as strong and firm as they should be. He exhibited in a well-marked manner the peculiar walk of the tabic patient. He had iridoplegia and sometimes dizziness, and if he stood with his eyes closed and his feet together he tottered until he seemed likely to fall. The patellar jerk is absent, and he has had a complete absence of pain throughout the whole of his attack, in this way differing from the great majority of tabics. I mention this particularly as it is the only case I have ever had in which the symptoms were well shown and in which a complete absence of pain obtained.

The reason he gave for seeking aid was, that whilst walking he got his feet so tangled together that he could not keep up, and so was useless about the place in attending to his ordinary duties.

The most important question, both to the patient and practitioner, is—What can be done?

"An arrest of the disease is possible, and though restoration of the nerve elements once destroyed is impossible," still partial restoration of the functions of the nerves often takes place.

Of all drugs which have been employed perhaps nitrate of silver in gradually increasing doses has borne the best reputation in non-syphilitic cases. My belief, however, is that as

most such cases arise from over-exertion and exposure of some kind, we must, in addition to the treatment by drugs, enjoin on our patients the importance of giving rest to the diseased parts, and of improving the general tone of the system by such changes of climate, occupation or amusement as may seem best suited to each case. The mixed mercurial and iodide treatment has given good results in some cases where it was not possible to trace any syphilis.

Various forms of electricity have been tried and highly recommended by some. The faradocutaneous brush has been especially extolled. In my practice electricity has not given any permanent beneficial result.

Ergot is recommended by many, and is undeniably of use during the earlier stages where the patient is troubled with hyperesthesia, lightning-like pains, etc., but there cannot be a doubt about the danger of continuing its administration in large doses; it does produce a similar disease and it may ameliorate the pains by producing or increasing the sclerosis.

Believing as I do that so many cases of tabes depend upon syphilis, or at least upon a pre-existing syphilitic state, I advise a prolonged course of anti-syphilitic treatment, and while we expect to gain the most lasting benefit in these cases from prolonged mercurial treatment, we must not lose sight of the fact that mercury itself is capable of being directly injurious to the nerve centres. Some assert that they never have been able to observe any benefit from pushing mercury or the iodides, whilst others are just as confident of their benefit.

My strong conviction is that where the disease is of syphilitic origin, large and continued doses of the iodides will give greater relief than any other plan of treatment.

I might mention a case of this class which was rather peculiar, and which seemed to me to illustrate the benefit of large doses of iodides.

E. P., a well developed man, aged 38. After a course of treatment at the Hot Springs of Arkansas for the cure of his syphilis, came here and indulged freely in alcoholics in the autumn. He thought his pains and ataxic symptoms were due to malaria or the cold weather. He could not stand alone with his eyes shut. Though his muscles were firm he tired easily,

and could not walk across the room without taking a very erratic course. He lifted his feet too high and planted them down with a jerk. He could eat well, but his sense of taste was dull. He had a hesitancy in urinating.

The tendon reflexes, though not absent, were not well marked. The iris responded feebly to light, and his speech was thick. He suffered severely from the lightning-like pains, and the belt sensation was present. Ptosis existed on one side only. I plied him freely with the iodides, commencing with 15 grs. of pot. iod., and increasing to more than double that quantity four times a day, combining this with a general tonic treatment and judicious regimen. By careful watchings he was induced to keep this treatment up, and in about a month he was comparatively well.

I then lost sight of him for a month, during which time he had put himself through a course of treatment by "compound oxygen" with the result of having a return of all his old symptoms with increased severity.

Again I plied him with the iodides with good results until he was well enough to go out of town and enjoy the benefits of a residence in the country.

After about a year I saw him in consultation with another physician under whose care he was then, who had taxed the resources of the pharmacopœia for the relief of the old symptoms. I recounted my experience with the case, and again advised pushing the iodides to excess. I have not heard the result of the treatment, but a short time ago saw the patient on the street walking better than he did two years ago. This case seemed to me to respond to the iodides in very large doses only, but relapsed quickly on their withdrawal.

I must not fail to mention Lee's baths as a very suitable way of giving mercury, but in order to obtain the best results the patient must be under strict rules, must rest in the house in an evenly warmed temperature, must take suitable regimen and freshly infused sarsaparilla in large doses.

Before closing I must draw your attention to the fact that though the disease is dreaded to such an extent, and though the popular idea of it is so repugnant and depressing, many victims

of tabes live longer and suffer less than many others afflicted with diseases which, though they do not seem to be so repugnant, are really more fatal and injurious.

Even in this dread disease let us then surround our patients for as long a time as possible with as large a measure of hope as we may find consistent with our views. Let him at least hope on.

COCAINE DOSAGE AND COCAINE ADDICTION.

BY J. B. MATTISON, M.D., BROOKLYN, N.Y.

(Read before King's County Medical Association.)

(Concluded from page 112.)

Dr. H. J. Boldt, New York City, reports four cases of toxic symptoms from cocaine injections.

Other cases are also reported by Drs. F. De Havilland Hall, Reich, Knapp, Bellyaminoff, Alex. Thompson, Edward Bradley, Smidt, Ranc, Obersteiner, and Blumenthal.

Dr. Chas. H. Hughes, St. Louis, Editor of the *Alienist and Neurologist*, wrote me: "I know of a case where one grain of cocaine paralyzed the heart so effectually that the pulse became imperceptible for a few seconds, and only my presence with my battery, which was in the room, and ammonia, and a morphia and strychnia hypodermic saved the patient."

Germane to the subject of acute cocaine toxæmia is that of cocaine addiction—these notes are preliminary to a more extensive paper on cocaine inebriety—the existence of which Dr. Hammond denies. He took a half-dozen doses, at intervals of one to four days, and says "he acquired no habit." But to argue from that—no danger of addiction—is absurd. Such evidence is worthless. Dr. Hammond might do the same thing with morphia—more, he might take morphia, subcutaneously, daily for a month or two, without creating a "habit"—albeit its ensnaring power is well admitted—and yet that would not prove its freedom from danger. Not at all; it would merely show his exceptional strength to resist; many, under a like pressure, would surely succumb.

Cocainism is not the outcome of using the drug at long intervals. Its transient effect and

the demand of an impaired nerve status compel frequent taking—more than alcohol or opium—so that habitués have been known to take it ten, twenty, or more times daily, and it is this—growing by what it feeds on—that tends to create and continue the disease.

In the early days of chloral, one point claimed in its favor was a freedom from risk of "habit," a claim long ago exploded, as cases of chloralism well prove, and yet, I venture to assert, there are more cases of cocaine taking in this country to-day, less than three years since its arrival, than of chloral after a period more than six times as long.

Dr. Hammond says there may be instances of cocainism as rare as chronic tea-taking, and of cases with or after habitual alcohol or opium using, but, as for quitting the drug, he believes every cocaine taker could if he would.

The same opinion regarding opium obtains among some medical men, and the only effective argument against such a fallacy is to place those who hold it under power of that drug, and then have them prove their precept by their practice.

While admitting that most instances of cocaine taking are, for obvious reasons, in those who have been, or are, alcohol or opium habitués, especially the latter, I maintain there are cases of pure, primary addiction, and that the number is increasing, at home and abroad. Foreign writers have noted them, and they will figure in our records.

The following report, kindly sent me by Dr. Douglas Schoolfield, Newport, Ky., well shows the ill effect of cocaine on patients addicted to morphia.

Mr. — had been an opium habitue for several years, from morphia given subcutaneously to relieve sciatica.

In May, 1885, taking ten to fifteen grains daily, with nervous and digestive systems impaired, but weight nearly normal and mind clear and vigorous, he came under the doctor's care. Cocaine being then in rising repute as a cure for morphia taking, he was given half a grain, subcutaneously, knowing, unfortunately, what it was. Nausea, pallor, rigors, and cold sweats soon ensued, followed by flushed face brightened eyes, and a feeling "never so good

in all his life." He was delighted, talked incessantly, and declared himself, mentally, the peer of Spurgeon; physically, equal to Samson. The stimulant effect continued two hours, followed by lassitude and sleep. The cocaine was given at irregular increasing intervals for two weeks, when an effort was made to quit. Two days later he left for a summer resort, and was lost sight of. The next heard of him was through the town druggist, who remarked that he thought Mr. — must be "getting a corner on cocaine," as he had ordered his entire supply and the address of his wholesale house. He was written to, and urged to place himself under proper medical care, but no more was heard of him for two months, when the doctor was sent for, told he had been brought back, and given this history. On starting for his summer trip he procured a supply of cocaine and began taking it himself several times a day. In a few days he talked and acted strangely, slept little, appetite failed, and he grew worse daily. An effort was made to withhold it, or substitute morphia, but he resisted both, and raved like a madman. He had always been kind and even-tempered, but now became irritable and abusive; had hallucinations and homicidal delusions; would leap from bed, rush to the window, raise sash, and gesticulate wildly at a fancied foe. Calmed, he would be quiet for a time, and then break out in the loudest abuse of some friend present, declaring him in league with the devil for his harm.

The doctor was warned as to entering his room; and proceeding with care, the patient was found in fighting form, with a long-necked bottle, ready for battle. Addressed kindly, his suspicions were disarmed, he abandoned his hostile attitude, apologized, and declared himself quite mistaken. "His condition was pitiful indeed. Constant vigil and loss of sleep had made him a wreck. He was pale, thin, and haggard; ate nothing and slept none; was a prey to distorted fancy—a victim of unrest."

Under proper treatment he partially recovered, and was placed in sanitarium care. Six weeks afterwards he was discharged, but in a bad mental condition—morose and melancholic. He soon became violent and threaten-

ing, and was again taken to an asylum, where he now is, improved and improving.

My experience with a number of cocaine cases makes to me two things certain—there is a pernicious power, *per se*, in this drug, and it finds in the opium habitue a peculiar condition that specially favors its ill effects, making it for such patients, as has well been said, the "devil's own device" to still further enslave.

And this opinion is that of others, for it is the testimony, without exception so far as I know, of those who have had to do with this disease, that, as an intoxicant, cocaine is more dangerous than alcohol or opium, and that inebriety resulting from its use is more marked and unyielding than any other form.

Dr. Shradly,—editorial, *Medical Record*, November 28th, 1885,—says: "To some persons nothing is more fascinating than indulgence in cocaine. It relieves the sense of exhaustion, dispels mental depression, and produces a delicious sense of exhilaration and well-being. The after-effects are at first slight, almost imperceptible, but continual indulgence finally creates a craving which must be satisfied; the individual then becomes nervous, tremulous, sleepless, without appetite, and he is at last reduced to a condition of pitiable neurasthenia."

Dr. Alex. B. Shaw, Physician to St. Vincent Asylum for the Insane, St. Louis, asserts: "Once a man flies to cocaine for relief from 'cares that annoy,' he generally continues with such rapid strides towards such complete subjugation to its bewitching thralldom as but few will ever be rescued from by any power of will which they may be able to bring to their aid."

Dr. Everts writes: "It is not only an antidote to opium poisoning—or, more properly speaking, the organic demand for such drug effects as have been acquired by use—but is itself a fascinating and dangerous intoxicant, the effects of which may be more difficult to counteract and renounce than are those of opium or its derivatives."

Dr. Hughes declares it "a remedy to be used with extreme caution and prudence internally, and the large doses reported as having been given are not ordinarily safe. It will bear watching. It crazes and kills quicker

than opium. The possibilities for immediate harm are not only great, but the likelihood of remote damage when tolerance is established is not small. The cocaine habit, more pernicious than the morphine neurosis, is the certain entailment of its frequent administration, and its thralldom is far more tyrannical than the slavery of opium."

Erlenmeyer calls cocaine the third scourge of humanity—alcohol and opium being the first and second; and Erlenmeyer is right as to toxic neuroses. He says: "Its characteristic effects are vaso-motor paralysis, accelerated pulse, profuse sweats, dyspnoea, and syncope; failure of general nutrition, eyes sunken, skin cadaveric; with mental trouble, that sometimes needs restraint." And I am positive, from cases under my care, that he is correct.

I think it, for many—notably the large and enlarging number of opium and alcohol habits—the most fascinating and seductive, dangerous and destructive, drug extant; and, while admitting its great value in various disordered conditions, earnestly warn all against its careless giving in these cases, and especially insist on the great danger of self-injecting, a course almost certain to entail added ill.

To the man who has gone down under opium, and who thinks of taking to cocaine in hope of being lifted out of the mire, I would say, "Don't," lest he sink the deeper.

I have yet to learn of a single instance in which such an effort reached success; but know many cases where failure followed, or, worse, cocaine or coca-morphia addiction.

And the need of caution against free and frequent using obtains in other cases, for there may come a demand for continued taking that will not be denied.

To summarize:

Cocaine may be toxic—sometimes deadly—in large doses.

It may give rise to dangerous, or even fatal symptoms, in doses usually deemed safe.

The danger, near and remote, is greatest when given under the skin.

It may produce a diseased condition—in which the will is prostrate and the patient powerless—a true toxic neurosis, more marked

and less hopeful than that from alcohol or opium.

Such being my belief, I regard Dr. Hammond's statements mistaken, and his conclusions rash and dangerous.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

EXTRACT FROM DR. COHEN'S ARTICLE ON GASEOUS ENEMATA FOR THE CURE OF PULMONARY TUBERCULOSIS.

The carbon dioxide is prepared by dropping a solution of dilute sulphuric acid (200 grammes of sulphuric acid to the litre of water) on sodium bicarbonate. Chlorohydric acid was used in the earlier experiments, but a portion always escaped with the carbon dioxide, and produced irritation of the rectum and kidneys.

The apparatus for generating the carbon dioxide consists of a square bottle in which three tablespoonfuls of sodium bicarbonate are placed. The bottle is hermetically closed by a rubber cork with two apertures, through one of which a glass tube extends to the bottom of the bottle, the upper portion being expanded into a funnel and reservoir for the dilute sulphuric acid, beneath which is a glass stopcock to regulate the descent of the liquid. The second aperture in the cork is filled with a curved glass tube for the escape of the gas, and this exit tube is prolonged by a section of rubber tubing for attachment to a rubber bag of six litres capacity, in which the carbonic acid gas is to be collected. The mouth of this bag is furnished with a stopcock. The sodium bicarbonate being placed in the bottle, the cork is inserted, and the stopcock of the sulphuric acid reservoir is closed. This reservoir is then filled with the dilute sulphuric acid, say four ounces, and the stopcock is turned so as to allow the acid to drip on the soda. The carbonic acid gas is evolved immediately, the activity of the disengagement being controlled by the stopcock. A little gas is allowed to escape into the atmos-

phere, so as to drive off the atmospheric air in the bottle. Meanwhile the reservoir is rolled tightly so as to drive out all the air it contains, as far as possible, and is then attached to the exit tube for the gas and allowed to become filled with the carbonic acid. It is then removed and its stopcock is closed. It must be removed before the stopcock is turned, in order that pent-up gas in the bottle shall not break the apparatus. This is one of the points to which the physician must direct the attention of his nurse, before entrusting the patient to the attendant. Another point upon which stress must be distinctly laid, is the rolling of the bag to prevent retention of atmospheric air.

The gas is now ready for use. The reservoir is attached to a handball aspirator with check valves at each end. This is attached to a metallic T tube passing through a cork which is intended to be placed in the neck of a bottle containing the medicated solution, preferably a highly charged natural sulphur water. The vertical portion of the tube is furnished with a double valve to prevent aspiration of the liquid through which the carbonic acid gas bubbles, and contains an orifice at top for the escape of the gas into the distal horizontal branch, to which is attached a tube connected with a nozzle for introduction into the rectum. As this tube could not be made here in time to supply me with the number of instruments I required, Mr. Kyner, Superintendent of the Polyclinic, has imitated the contrivance at my suggestion by two glass tubes placed in the cork just as in the cork of a modified Wolff bottle; the longer tube being supplied with a valve to prevent regurgitation. It answers equally well with the original. This T branch is placed in a bottle three-fourths filled with the sulphurous water—in this instance the Red Sulphur Spring water, of Virginia—and the aspirator is worked two or three times to drive out the atmospheric air in the bottle, another point to which the physician must emphatically direct the attention of his nurse. The nozzle is then inserted into the rectum of the recumbent patient and the injection made slowly. All clothing must be loose. With the hand on the abdomen, the amount of distention of the colon is noted, and when this is marked, or when pain is complained

of, the process is suspended until absorption takes place, as manifested by relaxation of the tension; and then the process is resumed. Fifteen to twenty minutes are consumed in the process of driving the six litres of carbon dioxide through the sulphur water. The sulphur salt—*e. g.*, sodium sulphide—is decomposed, hydrogen sulphide being formed, a portion of the carbon dioxide taken up to form sodium carbonates.

The only modification of the process I have permitted myself (for I deem it due in justice to Dr. Bergeon and Dr. Morel to test their method of administering the gas in their own way) is to place the mineral water bottle in a bath of warm water, which renders the injection more grateful. Within four minutes, sometimes within one, the sulphuretted hydrogen can be perceived in the breath, and be detected by paper saturated with plumbic acetate. It is prudent to have a bed-pan at hand in case there should be a call to stool. The injection should not be made upon the full stomach. This may produce emesis, it is said. You want all the room possible in the abdomen to prevent pressure upon a distended stomach and upon the diaphragm.

Three or four hours after a meal, or just before one, is the best time for injection. Two injections are given daily. I have found three hours after breakfast and three hours after supper the best periods. My patients have slept better after an injection just before bedtime, than after one, three or four hours after the midday meal.

At the first injections but half the contents of the reservoir of carbonic acid should be used, so that the parts and the system may be gradually accustomed to the process.

If the bottle of sulphurous water remain strongly impregnated after the injection, it may be tightly corked for use a second time. It is not necessary to have the bowels moved before an injection. Hæmoptysis and the presence of the menstrual period do not contraindicate the process. Indeed, Dr. Bergeon has seen amenorrhœa relieved during this treatment, even when that condition had failed to yield to the ordinary methods of treatment for that special condition.—*Medical News.*

THE ADMINISTRATION OF GASEOUS ENEMATA.

The apparatus as constructed by Mr. Kyner is now in use at the hospital of the University of Pennsylvania, German Hospital, Home for Consumptives, and by quite a number of private practitioners, and the form is now manufactured by Messrs. James W. Queen & Co.

The apparatus consists of a generator, a reservoir, a bulb apparatus for injection, and a vessel for holding the

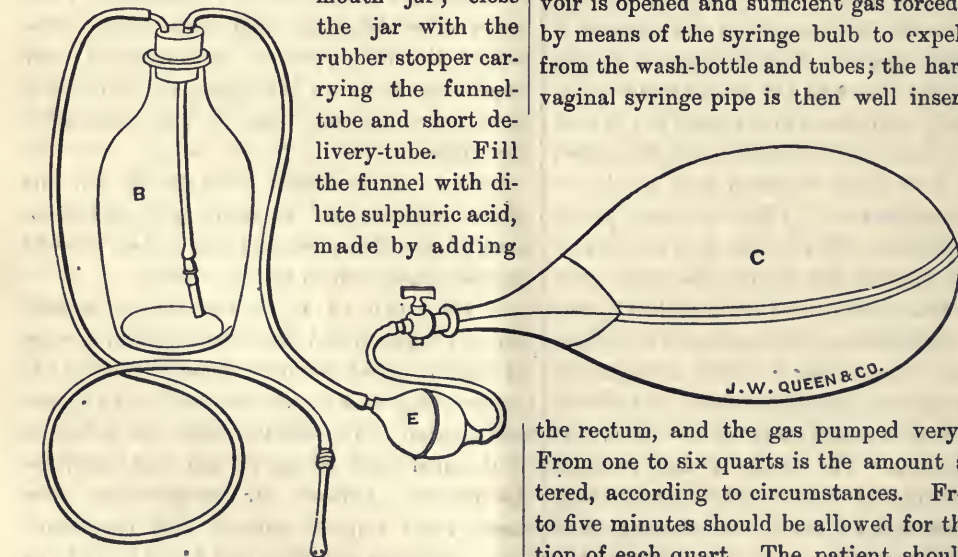
the acid to run into the bottle so as to generate sufficient gas to expel the air in the bottle. Then having rolled the reservoir tightly to exclude all air, connect it by means of the rubber hose to the generator, and continue the slow addition of the acid from the funnel-tube until the reservoir is filled. The quantities above given for charging the generator will be found about sufficient to fill the reservoir. Dr. Bergeon recommends that the acid be prepared at the bedside, but Mr. Kyner has used it entirely successfully after being kept six hours in a heavy vulcanized rubber bag such as is now furnished ; but Dr. Bergeon used a lighter bag, which had

not the power of resisting diffusion. This probably explains the difference in results. When the reservoir is filled it is detached from the hose and the stop-cock immediately closed.

To administer the gas, the reservoir is attached to the free end of the syringe bulb ; the wash-bottle being about three-fourths filled with sulphur

water. To generate the carbon dioxide, put one avoirdupois ounce of sodium bicarbonate and one fluid ounce of water into the wide-mouth jar ; close the jar with the rubber stopper carrying the funnel-tube and short delivery-tube. Fill the funnel with dilute sulphuric acid, made by adding

warm water and closed by the rubber stopper carrying two tubes, attached to the other end of the syringe bulb. The stop-cock of the reservoir is opened and sufficient gas forced through by means of the syringe bulb to expel the air from the wash-bottle and tubes ; the hard-rubber vaginal syringe pipe is then well inserted into



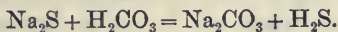
four fluid drachms of strong acid to four fluid ounces of water. By means of the stop-cock on the funnel-tube, allow about a teaspoonful of

the rectum, and the gas pumped very slowly. From one to six quarts is the amount administered, according to circumstances. From four to five minutes should be allowed for the injection of each quart. The patient should lie on the right side or on the back. Should any difficulty occur from the escape of gas from the rectum, the patient's legs should be extended

so as to compress the sphincter. It is the universal statement of patients that the injection can be given more satisfactorily and with less uneasiness when the bowels have been emptied. Two injections a day should be given. Since the injection interferes slightly with digestion, it should be given either one hour before or three hours after a meal. No pain except that of slight distention of the bowel is felt unless air is present in the apparatus. Although artificial waters have been said to cause pain, the following formulæ have been used without any difference of effect from natural waters having been noticed by the patient:

R. Sodium sulphide, pure,
Sodium chloride. 3̄ gr. v.
Water. f 3̄ xxij. ℥.

This is the formula first used at the Philadelphia Hospital. The hydrogen sulphide is formed by the action of the carbonic acid on the sodium sulphide substantially according to the following reaction:



When pure sodium sulphide is not attainable, the *potassium sulphuretum* or corresponding sodium compound may be used. These must be used in rather larger proportion, and produce an objectionable white precipitate of sulphur.

When a stronger sulphur water is desired than that produced by the above formula, the following may be used:

R. Sodium sulphide, pure. gr. x
Dilute hydrochloric acid, U. S. P. ℥ xxx
Water. f 3̄ xxii.

Mr. Kyner, who has proposed this formula, prefers to keep the liquid on hand after use, and freshen it up for subsequent use by additional quantities of sodium sulphide and dilute hydrochloric acid. The freshening up should be done whenever the liquid ceases to smell of the hydrogen sulphide. A liquid so kept seems to acquire more nearly the characteristic odor of the natural water. If the sulphur water is of sufficient strength, the patient's breath will, in about five minutes after beginning the administration, darken lead acetate paper, and will

continue to smell of gas for an hour after the process is discontinued. It may be well to remark that metals, especially silver, are readily tarnished by the sulphur gases.—*Polyclinic*.

ON THE LOCAL TREATMENT OF THE BLADDER.

BY PROF. ULTZMANN.

The local treatment of the bladder should only be undertaken in the chronic forms of disease, since in the acute process appropriate dietetic and therapeutic measures bring about a cure in a short time. In the majority of cases we have to do with chronic catarrh of the bladder, in which we must manage the treatment according as the disease affects young or old persons and according to its etiological origin. If it is a case of a young individual where the catarrh is only an extension of a gonorrhœal process in the posterior urethra, then the treatment of the neck of the bladder must also be pursued in connection. This is best accomplished by placing the patient in the horizontal position, with the pelvis raised, and then introducing a thin catheter (No. 7 English), with a short piece of rubber tubing attached to it, with which the bladder is emptied. The catheter is then withdrawn about three centimetres into the neck of the bladder, and, with a syringe, about 200-300 grammes of tepid medicated fluid gradually injected. If no fluid flows back, it is the best proof that the eye of the catheter is in the right place. After the injection the patient should stand up and empty the bladder himself, so that the whole medicated fluid passes over the diseased neck a second time. Soft catheters are not good for this kind of injection because the pressure of the fluid easily forces them out. If the bladder of itself, is insufficient to expel the fluid, then it must be removed again by the catheter, and this is best done in the upright position.

When the disease affects the fundus of the bladder only, then the treatment is directed to that part alone. It must be carefully washed out with a soft elastic catheter till the fluid flows back quite clear. This can best be done in the upright or sitting positions, since then

the bladder will be most completely emptied. If performed in the recumbent position the pelvis must be raised. A syringe is more suitable than the irrigator, because by the former one can better measure the pressure used. Prof. Ultzmann also does not recommend the double current catheter, because, he says, the fluid can easily flow back through the efferent canal without the bladder being properly washed.

The treatment by means of the irrigators is to be recommended in cases of contracted bladder, caused by parenchymatous gonorrhœal cystitis, when, through the constant pressure of the fluid on the bladder, an increase in its capacity may be expected. For the removal of sediment the irrigator is not well adapted.

Tepid injections are to be used, except in paresis and insensitive bladders, and in cases of hemorrhage, when cold injections are of advantage. In sensitive bladders warm water injections are to be employed, or the same with tinct. opii (10 drops to 100 c.cm.), or a quarter per cent. solution of cocaine, a half to one per cent. solution of resorcin, or one-sixth to one-fourth per cent. carbolic solution, a three per cent. boracic acid, a five per cent. sulphate or chloride of soda solutions.

As astringent solutions may be used—a one-half per cent. alum solution; one-quarter to one-half per cent. zinc sulphate; or one-fifteenth to one-tenth per cent. hypermanganate solutions, one-tenth to one-half per cent. nitrate of silver.

In cases of ammoniacal urine, one-tenth per cent. permanganate of potash, tepid water, with a few drops of amyl. nitrite; three to five drops amyl. nitrite to half a litre water.

In phosphaturia, one-tenth per cent. chlorine water and carbolic acid, equal parts; one-fifth per cent. salicylic acid solution; two per cent. salicylate of soda.

When Bacteria are present, a one to ten-thousand sublimate solution, or a strong solution of potass. permang. may be used.

For hemorrhage: cold water; one-tenth to one-half nitrate of silver solution; ferrum sesquichloratum, fifty to sixty drops to a litre of cold water.—*Centralblatt f. Therapie.*

G. R. McD.

A "TROUBLESOME CUTANEOUS DISEASE."—*To the Editor of the Journal of Cutaneous and Venereal Diseases.* DEAR SIR:—There is a trouble, some cutaneous disease, of an epidemic character, very prevalent in this section, and I do not know what category to place it under. It has the general appearance of an eczema papulosum, with violent itching, especially at night; but its principal characteristic is its contagiousness; whole families are affected with it. I have been consulted by patients as far east as Eastport, Me., who tell me a great many are afflicted by it in that neighborhood.

The first cases I saw during the winter, and called it pruritus hiemalis, ignoring its contagious character; but cases seem to be as frequent now as during cold weather, and I am puzzled as to the nature of the trouble. A simple ointment of ammon. hydrarg. seems to be the most efficacious remedy, but some cases resist this treatment. I hope that you or some one of your dermatological correspondents may throw a little light on this disease through the columns of your *Journal* for the benefit of yours very truly,
A. B. SHERBURNE.

The disease which puzzles our correspondent is probably identical with a pruritic affection widely prevalent in the West, and which in different localities has received the euphonious titles of "swamp itch," "prairie digs," "Ohio scratches," "Michigan itch," etc. It has been confounded with scabies, but positive evidence of its parasitic origin was not revealed by the presence of the acarus in any of the numerous cases examined. The failure of the time-honored remedy of sulphur and lard, with which patients were in many instances copiously anointed, also furnished negative evidence as to its parasitic nature. Presumptive proofs of its contagiousness were found in the fact that often several members of a family were attacked at the same time, or successively.

We think the original diagnosis of our correspondent correct. The "itching disease," above alluded to, has been carefully studied by Drs. Hyde, Hardaway, and others, and its identity with pruritus hiemalis, or the winter prurigo of Hutchinson, has, we think, been conclusively established. It is due essentially to climatic conditions, its advent is made with the cold

weather, and it is more prevalent in localities where severe changes of temperature occur. The explanation of its apparent contagiousness, as in cases where entire families are simultaneously affected, may be found in the fact that all are equally exposed to the same atmospheric conditions.

It is proper to say that many observers do not recognize cold weather as the chief etiological factor in the production of this disease, but the theory is quite consistent with the facts of our knowledge respecting the influence of temperature changes in the causation and aggravation of cutaneous diseases. The direct irritant effect of heat and cold upon the skin is a matter of common observation. The action of heat is familiarly manifest in the production of sunburn, prickly heat, eczema solare, etc. Many of the cutaneous disorders which prevail among our tenement-house population in this city during the hot summer months are directly traceable to the extreme heat. Chapped hands and faces, and a general roughened condition of the surface exposed to the action of cold, are no less familiar phenomena.

In the disease under consideration, however, the primary influence of the cold seems to be limited to the production of an irritable condition of the skin characterized by intense pruritus, always aggravated at night. The papular, vesicular, or other lesions are secondary, and superinduced by irritation of the skin from scratching. In exceptional cases a dermatitis, presenting a clinical resemblance to papular or vesicular eczema, develops without antecedent history of pruritus. In aggravated cases, pustular and furuncular lesions may occur. An urticarial form has also been observed, which presents certain analogies with the urticaria of immigrants, so common in our sea-board cities, and which is recognized as due to a change of climatic and dietetic conditions.

The treatment should be local and directed principally to the mitigation of the subjective symptoms. Turkish baths constitute a most efficient means for the relief of cutaneous pruritus, but these are rarely available. Hot alkaline baths prepared by the addition of six or eight ounces of the bicarbonate of soda, employed at bed-time, afford great relief. After

an immersion of fifteen to twenty minutes in the bath, the skin should be carefully dried and an inunction made with carbolized vaseline or a soothing ointment. The anointed parts may then be dusted with Pears' fuller's earth, a mixture of starch and rice flour, or any of the ordinary dusting powders. Lotions of carbolic acid (five to ten grains to the ounce; with a little glycerine) or an ointment of carbolic acid (fifteen to thirty grains to the ounce) have an excellent antipruritic effect. When the skin is not broken, painting the affected surfaces with a solution of carbolic acid in glycerine (thirty grains to 3 i.) will effectually subdue the itching.

The various preparations of tar which have a deservedly high reputation as antipruritics may be used either in solution or in the form of ointments. One of the best antipruritic ointments is one drachm each of camphor and chloral to the ounce of ung. aq. rosæ. Another preparation which I have found of great service in allaying itching is the following: R Sodæ bicarb., 3 ij.; potassæ bicarb., 3 i.; glycerinæ, 3 ij.; tinct. opii, 3 iss.; aq., ad 3 viij. M.

The same preparation does not prove of equal efficacy in all cases, and when one fails, another may be found more serviceable.

Some of our western confreres who have had a large experience in the treatment of this distressing affection may be able to give our correspondent therapeutic hints of more value.—*Editor Journal of Cutaneous and Venereal Diseases.*

COLLOID CARCINOMA OF THE STOMACH.—Dr. Franks exhibited the stomach, omentum, transverse colon, pancreas, and spleen of a man who died in the Adelaide Hospital of colloid carcinoma of the stomach. He was *only* thirty-eight years of age. The history of the disease dated back eight months, when some pain in the epigastrium was first observed. A tumor was felt for the first time two months previously. Abdominal section was performed on the 12th October, but as it was evident that the tumor could not be removed the wound was closed. The patient died twelve days afterwards from exhausting diarrhœa, which set in a few days previously. The wound was firmly healed, and there was no evidence of peritonitis.

ON THE ACTION OF OPIUM AND BELLADONNA ASSOCIATED IN A CASE OF ACUTE DIABETES.—

M. Villemin, who is the Professor of Medicine at the Val de Grace (military) Hospital here, communicates to the Academie des Sciences an interesting article on the above subject. He says "that he had lately a therapeutic fact that was as precise and as clear as any physiological experiment. It was that of a young artilleryman of strong constitution, who was admitted with acute diabetes with all its usual symptoms, consisting of a polyuria of fourteen litres a day, and discharging eight hundred and forty-one grammes of glucose in the same period. The usual treatment was at once commenced by ordering abstinence from sugar, etc., and giving meat-diet with the gluten bread, etc.; but, a week having passed without any improvement, Dr. Villemin thought of a case of diabetes insipidus that he had seen cured with belladonna and opium, and began to try it in this man. He feared at first that he might provoke an accumulation of glucose in the system by putting a check on the urinary secretion by this medication. But, however, he began by giving ten centigrammes of extract of belladonna and five centigrammes of opium extract per day; and seven days afterwards the urine had gone down to ten litres, and the sugar to four hundred and ten grammes. He then progressively increased the dose, and at the end of two months got up to fifteen centigrammes of each medicine, when he had the satisfaction of seeing the urine and the sugar eliminated diminish gradually. At this time the urine was from three to four litres, and sugar two to five grammes per litre, and the dose of the medicines was raised to twenty centigrammes, when, a week afterwards, there was not the slightest sign of sugar.

M. Villemin then suppressed all drugs, and in two or three days the sugar came back, so he was forced to return to the same dose, when, five days later, the sugar had again disappeared and the quantity of urine was now two litres. The cure was maintained as long as the medicine was continued; but the moment the dose was lowered or stopped, the sugar would reappear and the urine increase in quantity. During all this period of experimentation the patient was kept on the usual diet; but this was now

changed, and he was permitted to use all kinds of food as he liked, or what was given to the healthy men. But this did not make any difference as long as the dose of twenty centigrammes was kept up. Later bromide of potassium was tried; but the sugar returned and the urine increased to eleven litres. Experiments were also made, by giving one only of the medicines, to see if either of them had a preponderating action or an exclusive one in modifying the disease, and it was seen that the results obtained were by the association of the opium and the belladonna.—*Paris Correspondent—Medical Times.*

RASH PRODUCED BY ANTIPYRIN.—I am interested in observing a note upon this point, by Dr. Dalby, in the *Journal* of January 15th. Just recently, I employed the drug in a case of typhoid fever; and, after eight days of its use, the rash appeared, first about the elbows and knees, afterwards extending to the other parts of the extremities, and lastly to the trunk; there were just a few spots on the face. The colour was bright red, but there was no crescentic grouping, and the catarrhal symptoms of measles were wanting. The rash did not begin to fade till the fifth day from its first appearance. This, however, might probably be accounted for by the fact that the drug was not discontinued, though only about half the previous quantity was administered in the twenty-four hours. Altogether, about one ounce of the drug had been given during the eight days before the rash appeared—that is, an average of one drachm per day; afterwards, only half a drachm, the pyrexial symptoms not demanding it; when the rash began to fade, only one dose of fifteen grains in the day was being taken.

Whilst speaking of this drug, I would take the opportunity of alluding to its great value in pyrexial conditions of all kinds, perhaps especially in typhoid. In the case just quoted, which had every appearance of turning out a severe one (the temperature about the end of the first week ranging between 104° and 105°, at all hours, with intense headache and a dry tongue), the drug acted in a most salutary manner, the temperature nearly always falling

from 2° to 3° about two hours after a dose of fifteen grains, with free perspiration, relief to the head-symptoms, and generally a good sleep. The temperature usually rises to the previous point, or thereabouts, within five or six hours after taking the last dose, during the height of the fever; and I have found it best to have it noted tolerably frequently (every two hours), and anticipate by giving a fifteen grain dose whenever it exceeds 103°. About four doses in twenty-four hours will generally suffice. Without claiming for the drug any specification, it certainly enables you to put the brake on the pyrexial condition when the latter seems to be the chief element of danger; and this it does with great comfort to the patient, for, besides acting as a free diaphoretic, it is either directly or indirectly a hypnotic, and, I fancy, also a diuretic.—*Dr. Paget, in Brit. Med. Jour.*

HYOSCINE IN KIDNEY DISEASE.—Dr. Nestor Tirard (*Practitioner*), has found hyoscine useful in the sleeplessness of Bright's disease. A patient, aged 58, suffering from chronic Bright's disease, with insomnia, took chloral till it lost its effects, and afterwards cannabis indica without a satisfactory effect. Then two minims of a solution of hydriodate of hyoscine (one grain in 100 of water) were injected subcutaneously three days in succession, in the evening. The injection was followed on each occasion by delirium, for the most part of a drowsy, chattering character; but sometimes there was laughter, and sometimes the delirium was violent. To the delirium succeeded sound sleep for two or three hours, and the patient awoke much refreshed. On reducing the dose to one minim ($\frac{1}{100}$ gr.) the delirium became less marked and the sleep longer. For twelve days under this dose the results, so far as the nights were concerned, did not vary much; the patient was nearly always asleep, or chattering in a purposeless fashion, in from ten to twenty minutes after the hypodermic injection, and from this delirious condition he passed gradually into sound sleep. Some nights are described as being "perfect," and the days also were improved, a more even temper taking the place of the previous irritable condition. The patient often complained of dryness of the throat during the

night, and on two or three occasions of nausea. The pulse fell five beats after each injection, but was not reduced in volume. There was no interference with accommodation, and no alteration in the pupil.—*Medical Chronicle.*

WHOOPIING COUGH.—M. A. Nettery, of Nancy, has remarked that in the first period of bronchitis, or period of sibilant râles, the oxymel of squill given without excipient provoked in a very few days an abundant secretion from the tracheo-bronchitic mucous membrane, and thereby a quick change to the catarrhal stage. For twelve years treating in this manner whooping cough, he obtained most brilliant results, so that at present the method has been adopted at Nancy by several of his colleagues. At the end of two or three days, sometimes even in less time, the attacks change their character, so that the cough becomes loose and the mucosities reach the throat and mouth at the first outset of the cough. From that time the rapidity of the cure depends on the age and strength of the child, according as being more or less than three years of age and more or less robust, they cough up or spit out their sputa. The doses are as follows: For a child at the breast, 20, 40, 60 drops in the 24 hours. At or about two years of age, four or five coffeespoonfuls in the space of one hour. At three years or over, six to seven coffeespoonfuls. For an adult, eight or nine. The dose should only be given at the appointed hour daily.—*Gazette des Hôpitaux.*

CAUTERIZATION OF ELBOW-JOINT.—Dr. Alfred Brachini reports a case of fungous osteosynovitis of the elbow, in which he laid the joint widely open with the knife, and then with Paquelin's thermo-cautery burned the granulations and heated the interior of the joint so that the operator's finger could not tolerate it. The sinuses leading outwards were all thoroughly cauterized down to the bone. He then irrigated the wound with sublimate solution and dressed with carbolized iodoform gauze, the whole being surrounded with carbolized cotton and mackintosh. Recovery ensued with complete restoration of the functions of the elbow.—*Lo Sperimentale.*

HATS AS A CAUSE OF BALDNESS.—Baldness is not confined to race or occupation, but it is to sex; while forty to fifty per cent. of middle-aged and elderly city men show some stage of it, women are entirely exempt. They are subject to the same laws of heredity, have the same habits and occupations as men, and yet have as much hair to-day as at any previous time in the world's history. This can only be explained by the essential difference in the head coverings of the two sexes; and yet the head-gear of women has been condemned and ridiculed in various styles of literature—principally by the high-hat sex. It may not commend itself to one's sense of utility, but it has usually the charm of novelty—sometimes of beauty—and it never destroys the growth of hair. Man's high hat, for many generations, has varied within very narrow limits, and has always been ugly and unnatural; but the average man will wear it long after his faith in hair tonics and restorers with seductive promises has been shattered. Still, let him remember, as he takes his after-dinner repose, that his favorite hat will certainly and inevitably extend the pasture lands of the domestic fly.—*Popular Science Monthly*.

TORNWALDZ DISEASE.—From his interesting investigations upon hypersecretion of Luschka's gland, Dr. Luc draws the following conclusions:

(1) Whenever we meet with chronic pharyngitis characterized by dryness of the fauces with crusts and mucosities, catarrh of Luschka's gland should be suspected.

(2) Energetic cauterization with the galvanic cautery of the pharyngeal bursa causes the catarrh to cease, and brings about a cure of the secondary pharyngitis.

(3) The concomitant presence of the signs of true ozæna, is not a contra-indication of direct intervention of the gland of Luschka; for if the complete destruction of this gland does not modify the vicious conformation of the nasal fossæ, it may dry up the pharyngeal catarrh, consecutively the nasal catarrh, and diminish the quantity of secretion that had to accumulate in these cavities. In other words, if the nasal crusts are always difficult to expel, they may become less abundant.—*Gazette des Hôpitaux France Médicale*.

SALICYLATE OF LITHIA.—Dr. Vulpian states that salicylate of lithia is more efficacious than salicylate of soda in cases of acute and progressive subacute articular rheumatism. It also has some effect in chronic cases when a certain number of the joints are still deformed, swollen, and painful. Four to four and a half grammes, and even five grammes, may be given in a day. If the improvement is not lasting, fifty centigrammes may be added to the daily dose. Sometimes, when the dose is increased to five or five and a half grammes, symptoms of intolerance begin to be shown. Salicylate of lithia may be given dissolved in water, in powder, or in unleavened bread, during or after meals, in doses of fifty centigrammes. The physiological effects of the drug are headache, giddiness, and deafness.—*British Medical Jour. and N.Y. Medical Record*

A LIVER WITH TWO GALL BLADDERS was exhibited by Dr. Penser at a recent meeting of the pathological society of Dublin, reported in the *Medical Press*. The patient died from malignant scarlatina. On dissecting off the serous coat of the liver, two separate gall bladders were found, each of which had a distinct cystic duct; and these opened into the bile duct, the one at some distance from the other. There were no marked anomalies in the liver, except that the common hepatic duct, instead of dividing into two branches when coming into the liver, divided into three—one to the left, another to the right, and a third running into a posterior part of the liver. These ducts did not communicate with one another, but were distinct in their whole course.

ETHOXYCAFFEINE—By C. CHABOT.—In experiments at the Cochin hospital, one gramme of this drug given in five doses relieved the pains of herpes zoster in an anæmic. Fifty centigrammes in five doses cured an obstinate migraine. M. Chabot reports two other cases of migraine cured completely. M. Dujardin-Beaumetz gives the ethoxycaine with salicylate of soda to facilitate solution, and cocaine to prevent gastric pains often caused by it.—*Bull. Gén. de Therap.*

SCIATICA.—In an obstinate case of sciatica that had resisted all medicines, and in which not the slightest relief could be obtained, a careful examination of the gluteal region disclosed a painful spot, with a sensation of fulness and resistance on palpation. A long, narrow, fine-pointed bistoury was passed deeply and gave exit to eight grammes of clear, serous like fluid, with immediate relief from suffering, and a permanent cure as a result. It is possible that the beneficial results from acupuncture in neuralgias is often due to the release of imprisoned fluid in the sheath of a nerve due to inflammation of the connective tissue.—*L'Union Medicale*.

Dr. Martin, of Berlin, operates with a rapidity that is wonderful. I have seen him remove an ovarian cyst and close the wound in seven minutes, and have frequently seen him do the operation inside of ten minutes. He considers despatch a prime element of success, and thinks that Lawson Tait's idea of a small abdominal incision is an erroneous one. He thinks that too many assistants are bad, and tells of performing an ovariectomy entirely unassisted, those he depended upon being taken with a fainting fit and hence unable to perform their duty.—*Cor. Chicago Medical Jour.*

SIALORRHOEA OF PREGNANCY.—M. Schramm reports a case of sialorrhœa in which after seven hypodermic injections of pilocarpine in one centigramme doses, the salivary flux diminished but did not cease. Bromide of potash was then prescribed, and the sialorrhœa ceased. M. Schramm believes that the bromide diminishes the excitability of the glandular nerves and paralyses the secretory fibres of the sympathetic, and the radicular filaments of the facial. One recommendation is its harmlessness to pregnant women.—*L'Union Medicale*.

ROUGH ON RATS.—Prof. Bartholow says this poison owes its efficacy to phosphorus. In a case reported by Dr. Zimmerman, some years ago in this journal, the analysis of Mr. Thomas Heyes, of Toronto, showed that the contents of a box of "Rough on Rats" were composed of 99 per cent. of arsenious acid and one per cent of charcoal.

Therapeutical Notes.

BLEEDING HÆMORRHOIDS.—Apply styptic colodion.—Bartholow.

In hæmorrhage from uterine cancer, Parvin inserts little bags of tannin.

IN WATERY COLLIQUATIVE DIARRHŒA, Bartholow claims that no remedy is more valuable than sulphuric acid, to which opium may be added.

TYPHOID FEVER.—Prof. Bartholow still advocates carbolic acid, no form of treatment having been in his hands so successful. Two drops of a solution of carbolic acid and lugolo solution may be given every three hours.

ERYSIPELAS.—DaCosta says better results can be obtained in robust plethoric subjects, by the use of pilocarpine, than by any other mode of treatment. Dose, $\frac{1}{8}$ – $\frac{1}{4}$ gr. of pilocarpine; or twenty minims of the fluid extract of jaborandi.

GONORRHOEA.—Fluid extract of hydrastis canadensis mixed with-mucilage acacia as thick as can be used is of much service. It should be retained for some time, the urethra having been previously cleansed with water or solution of sodium chloride.

IMPETIGO (LIEBREICH).—

R	Salicylic acid	1
	Oxide of zinc.....	12
	Powdered starch	12
M	Lanoline	25

—*L'Union Med.*

FOR FRECKLES (MONIN).—

R	Lait Virginal	50
	Glycerine pure	30
	Hydrochloric acid	5
M	Chloride of ammonium	4

Apply morning and evening with a camel's hair brush.—*L'Union Med.*

The following are the prescriptions of Hildebrandt and Fellner for profuse metrorrhagia:

R.—Ext. fl. hydrastis canad.,
Vini malaga,
Syrupi cinnamon..... āā Zijss.—M.

Sig.—One or two teaspoonfuls every two hours.—*Med. News.*

ANTIBLENORRHOIC INJECTION (WEISS).—

R Quinine sulphate 1
 Distilled water 75
 Glycerin 25
 M. Rabel water, a few drops.

Use three times a day continuing after the running has stopped to prevent relapses.—*L'Union Med.*

CHLORIDE OF CALCIUM IN CERVICAL ADENOPATHY.—The results obtained from the use of calcium in scrofulous adenopathy of children are most satisfactory. The medication should be long continued. The crystallized salt should be used in a draught or syrup in doses of ten to fifteen grains for an adult; one to three grains for young children.—*Annales Medicales Velges.*

SULPHUR IN CHLOROSIS.—When chlorosis will not yield to iron or other remedies sulphur should be resorted to. Prof. Hugo Schultz, of University of Griefswald, is an advocate of this treatment. He gives the sulphur in powder, with twice its weight in sugar—as much as will lie on the point of a knife—three times daily. He concludes in an article in the *Deut. Med. Wochenschrift*: (1) In true idiopathic chlorosis, where iron is ineffectual, sulphur will produce a marked amelioration. (2) After using sulphur, iron can again be resorted to, and it becomes very beneficial. (3) In cases of chlorosis complicated with gastric catarrh, sulphur is usually ill-borne.—*L'Union Medicale.*

THE TREATMENT OF ACNE.—Lassar ("Therap. Mntshft.," 1887, No. 1) recommends for all forms of acne the following paste:

β-naphthol 10 parts;
 Precipitated sulphur 50 "
 Vaseline or lanolin, } each 25 "
 Green soap, }

This is to be spread upon the skin to the thickness of the back of a knife-blade, and left on for fifteen or twenty minutes, when it will cause a little burning. It is then to be wiped off with a soft cloth, and the skin powdered with talc. The skin soon becomes inflamed, then turns brown, and finally peels off. The

desquamation can be hastened by the application of Lassar's paste with two per cent. of salicylic acid. When the desquamation has ceased, the acne will be found to be greatly benefited.—*N. Y. Med. Jour.*

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, MAY, 1887.

THE TREATMENT OF PULMONARY TUBERCULOSIS BY THE INJECTION OF SULPHURETTED HYDROGEN INTO THE BOWELS.

This form of treatment, which at first strikes one as very absurd, is really gaining ground. It was first instituted by Dr. Bergeon, lately Professor in the Medical School of Lyons. He communicated the result of his experiments to the Academy of Science, during the summer and autumn of last year. Dr. J. Henry Bennett, in a communication to the *British Medical Journal* of December 8th, 1886, spoke favourably of the treatment and of the results as they had been observed by him. On this continent—so far as we know—the treatment was first introduced into the hospitals of Philadelphia. In a recent number of the *Medical News*, two articles on this subject have appeared—one from Dr. J. Solis Cohen, and another by Dr. Edward T. Bruen. The apparatus is simple, and can be used by any intelligent nurse. It depends on the principle that when a current of carbon dioxide is driven through a liquid in which a gaseous or volatile substance is held in solution, it dissociates it and drives it forward.

A description of the apparatus will be found on another page. The sole object of this form of treatment is to bring into intimate contact with the diseased lung a safe antiseptic, which would kill the diseased germs; and which would, at the same time, not be injurious to the patient. After many experiments, sulphuretted hydrogen, introduced in the way

described, was found to be the most effective agent.

It is not yet time to give a definite opinion upon this mode of treatment. In Dr. Cohen's cases, a decided improvement took place in the majority. "All published observations recount rapid amelioration of the suppurative phenomena, a marked diminution in cough, expectoration, dyspepsia, and night sweats being noted within two or three days."

One must remember that consumptive patients will often seem to improve under every new form of treatment; and when such a mysterious procedure as the one before us is adopted, they are very liable to be impressed with the idea that at last a cure has been found. Dr. Bergeon relates several cures. Some of his patients have been able to resume occupations which try the lungs very much.

Dr. Edward T. Bruen has adopted this form of treatment in twenty-four cases. He concludes his paper with the following summary:—

1. In nearly all cases lasting effects have been secured in the reduction of temperature, suspension of night-sweats, lessened cough, and expectoration; and in some, all physical signs of bronchial catarrh abolished.

2. Temporarily reduction of pulse-rate fifteen to twenty beats, and temperature one-half a degree to one degree during the administration of the gas.

3. The amount of gas introduced into the bowel has varied from three quarts to a gallon at each injection. It has been introduced very slowly, from fifteen minutes to half an hour being demanded by the operation. The administration has been practised in most cases twice in the twenty-four hours. No injurious effects from the gas have as yet been observed.

4. Administration of the gas in different amounts and varying degrees of concentration is now being practised, and also investigations into the characteristics of the sputa.

5. In only one of the cases of phthisis the effects of the gas have been entirely negative.

6. In cases of phthisis complicated by intestinal lesions, experience is still insufficient to make it possible to state positive results.

7. The ultimate value of the treatment can certainly only be established by time. The

probable mode of action would seem to be antiseptic, and by reducing suppuration the relief of the attending serious symptoms, the patient is permitted to gain by food, exercise, and general treatment. Thus far, the value of the gas seems to be that of a useful therapeutic measure, rather than a curative plan of treatment.

8. The method of preparing the gas for use in the hospital is as follows: The carbonic acid gas is passed through a solution of chloride of sodium and sulphide of sodium in twenty-two ounces of water. The proportion of the salts has been increased in some cases, and some trials of other combinations are being made.

It will require a much more extended trial of this treatment, and continued observation of the patients, before a definite opinion can be given as to its value.

So far the indications seem favorable. It is probable that in this way many cases may be improved, and, perhaps, when this treatment is adopted early enough, cures may follow.

THE ONTARIO MEDICAL ACT.

The chief amendments to the Medical Act, which passed at the recent session of the Legislature, of interest to the profession, are:—

1. *Limitation of actions for negligence.*—No duly registered member of the College of Physicians and Surgeons of Ontario, shall be liable to any action for negligence or mal-practice, by reason of professional services requested or rendered, unless such action be commenced within one year from the date whereon the matter complained of such professional services terminated.

2. *Erasing names from register.*—(a) Where any registered medical practitioner has either before or after the passing of this Act and either before or after he is so registered been convicted either in Her Majesty's dominions or elsewhere of an offence, which if committed in Canada, would be a felony or misdemeanor, or been guilty of any infamous or disgraceful conduct in a professional respect, such practitioner shall be liable to have his name erased from the register.

(b) The Council may, and upon the applica-

tion of any four registered medical practitioners, shall cause enquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and on proof of such conviction or of such infamous or disgraceful conduct, shall cause the name of such person to be erased from the register: provided, that the name of a person shall not be erased under this section on account of his adopting, or refraining from adopting the practice of any particular theory of medicine or surgery, nor on account of a conviction for a political offence out of Her Majesty's dominion, nor on account of a conviction for an offence which though within the provisions of this section ought not, either from the trivial nature of the offence, or from the circumstances under which it was committed to disqualify a person from practising medicine or surgery.

(c) The Council may order to be paid out of any funds at their disposal such costs as to them may seem just to any person against whom any complaint has been made which when finally determined is found to have been frivolous and vexatious.

3. *Restoring names to register.*—(a) Where the Council direct the erasure from the register of the name of any person, or of any other entry, the name of that person or that entry shall not be again entered on the register, except by the direction of the Council, or by the order of a judge or of a court of competent jurisdiction.

(b) If the Council think fit in any case, they may direct the registrar to restore to the register any name or entry erased therefrom, either without fee or on payment of such fee, not exceeding the registration fee, as the Council may, from time to time, fix, and the registrar shall restore the same accordingly.

ADDITION TO BELLEVUE HOSPITAL, NEW YORK.—A new building, to be known as "the Townsend Pavilion annex," is being built on the grounds of the Bellevue Hospital, which will be used exclusively for the benefit of women afflicted with tumors and kindred troubles. It will cost about \$7,000, which has been presented by Mrs. R. H. L. Townsend, of New York, in gratitude for a successful operation performed on herself.

THE UNIVERSITY OF TORONTO.

The Act respecting the Federation of the University of Toronto and University College with other Universities and Colleges, which was recently passed by an almost unanimous vote in the Provincial Parliament, is probably the most important in the interests of higher education that has ever been enacted in this country. To us, as physicians, one of the most important clauses in the Bill is that which provides for the establishment of a Faculty of Medicine.

The tendency of the times, and the evident aim of our very able Minister of Education, are towards the consolidation of the whole Educational system of the Province. Commencing with our Public Schools, and passing through our High Schools and Collegiate Institutes, to the crowning glory of the whole scheme—the National University—we have something as perfect and complete as can be found in the world.

At the present time, the teaching of medicine and law is not fully in sympathy with the general plan, and, as far as medicine is concerned, never can be as long as our schools are simply proprietary concerns, no matter how excellent may be the work done by them. This fact appears to be pretty generally recognized at the present time, and, so far as we can ascertain, the Profession of the Province are strongly in favour of the establishment of a teaching Faculty in the University of Toronto.

A few weeks ago the Toronto Medical Society, by a unanimous vote, passed a resolution expressing its cordial sympathy with such a cause. A few days ago, the Huron Medical Association passed a similar resolution, expressing their appreciation of the plan proposed, and assuring the promoters that they "will have their hearty co-operation and sympathy in this effort to establish in close connection with our Provincial University a Medical School, which shall afford the best known facilities for the study and investigation of Medical Science."

Dr. W. T. Lusk, of New York, performed a successful Cesarean Section at Bellevue Hospital, March 23rd.

EXAMINATIONS OF TORONTO UNIVERSITY AND THE EDUCATION DEPARTMENT.

We are pleased to see that a scheme for the Consolidation of the Departmental and University Examinations has been carefully considered by a Committee composed of members of the University Senate and representatives of the High Schools. It was found that the subjects and percentage required for the second-class certificate in the Educational Department and for the University Pass Junior Matriculation were nearly the same; and the result of the conference has been that the subjects have been so distributed that the same papers for the two examinations will be prepared by the Examiners of the University, and submitted to the candidates in both examinations.

This action will be specially interesting, in a medical sense, in view of the fact that the Ontario Medical Council has decided that, after this year, matriculates will require to have passed the departmental examinations for second-class certificates. The standard for matriculation will thus be higher than it ever has been in Canada. The subjects included will be English, History and Geography, Mathematics, Science, Latin, French, and German. In consideration of the growing importance of Science, it has been decided to make the examinations in this department more difficult and practical, and it is expected that the candidates will have received a two years' course in the Science subjects in some High School before presenting themselves for examination.

THE MEDICAL PROFESSION IN THE PROVINCIAL LEGISLATURE.

The profession throughout the Province is to be congratulated upon the large number of prominent physicians who are in the Legislature. About one-eighth of the whole House is now made up of members of our profession. We are also to be congratulated upon the firm and intelligent stand they have taken with regard to educational matters in general, and medical education in particular. The result has been the passage of the Medical Bill almost as it was presented, as well as the legislation

necessary for the formation of a medical faculty in connection with the University of Toronto. It is only necessary that there should be a little more unanimity among physicians to obtain very much more than we have ever yet received in the way of legislation.

It gives us the greater pleasure to make this acknowledgment, as we have on one or two occasions criticised the actions of our medical representatives in previous parliaments. They at that time showed great weakness in the knees when any matter relating to the profession came up for discussion. We are glad to know that that symptom has entirely disappeared.

ONTARIO MEDICAL ASSOCIATION.

A complete list of the papers to be read at the meeting of the society will be published in the June number of the PRACTITIONER, and we now merely mention the titles of some to be presented by gentlemen from American cities:—Dr. Packard, of Philadelphia, on "The views of some surgeons of the last century and our views of them." Prof. Wyeth, of New York, "Osteo-plastic Surgery." Dr. Porter, "Etiology and Pathology of increased Body Heat in Relation to Disease and the Use of Antipyretics." Dr. Satterthwaite, "Uric Acid Diathesis." Dr. W. P. Manton, Detroit, "Rare Forms of Vulvar Tumours."

A cordial invitation to attend the meeting is extended by the President and Secretary to physicians in other provinces.

TORONTO GENERAL HOSPITAL.—The attendance of patients shows a continuous increase. On the first of March there were two hundred and eight indoor patients, and during the month two hundred and seven were admitted, which, with ten births, brings the total up to four hundred and twenty-five—number of deaths but thirteen.

THE College of Physicians and Surgeons of Manitoba have fixed the annual fee at three dollars, and have decided to vigorously prosecute all unqualified practitioners throughout the province. Is the Ontario College equally zealous in protecting the interests of its members?

RESULTS OF MEDICAL EXAMINATIONS.

WESTERN UNIVERSITY MEDICAL COLLEGE.—The following is a list of the successful candidates in the recent examination in that school: R. S. Smith, *Gold Medalist*; C. D. McDonald, *Silver Medalist*; J. Proudfoot, *3rd Year Scholarship*; C. A. Cline, *2nd Year Scholarship*; A. Reid, *1st Year Scholarship*. Degree of M.D.: R. S. Smith, J. D. Balfour, C. D. McDonald and J. Haggart.

QUEEN'S UNIVERSITY, KINGSTON.—*Degree of M.D.*—A. G. Allen, J. J. Anderson, J. V. Anglin, B.A., W. C. Beaman, J. W. Begg, Miss Ella Blaylock, D. Cameron, A. J. Errett, A. G. Ferguson, A. J. Fisher, A. E. Freeman, Miss Ada A. Funnell, M. Gallagher, — Gibson, J. E. Hart, M. W. Hart, J. E. Hestop, M. James, Miss Livingstone, Ewen McEwen, J. E. Mabey, M. Mabey, W. D. Neish, A. F. Pirie, W. Ranstead, T. Scales, S. H. Thone, A. F. Warner.

MANITOBA UNIVERSITY—MEDICAL DEPARTMENT.—Through the kindness of Dr. A. H. Ferguson, we learn that there have been certain changes made in the teaching staff of the medical department. Dr. Whiteford having resigned clinical medicine, Dr. Blanchard received the appointment. Dr. H. H. Chown takes the chair of anatomy, and Dr. Higginson was appointed demonstrator of anatomy and taken in as a member of the faculty.

The following students passed their final examination and received the degree of M.D.: A. S. Thompson, R. M. Simpson, W. A. B. Hutton, and — Greig. Mr. Thompson won the \$100 scholarship. *Primary Pass*—J. G. Calder, A. B. Stewart, A. Sibbit, C. J. Large, — Carscallen. J. G. Calder, scholarship, \$100.

TRINITY COLLEGE.—*For Degrees of M.D., C.M.*—James McLurg, A. Bradford, A. E. Yelland, A. C. Phillips, O. G. Nemeier, J. B. Reid, J. M. Thompson, W. J. Stevenson, B. Hawke, H. R. McCullough, A. Lawson. A. D. Graham, A. J. Stevenson, W. A. Fish and W. A. Shannon (equal), C. H. McLean, C. R. Staples, J. H. Hoover, M. J. Keane, D. Mitchell, W. Newell, R. R. Hopkins and W. D. Scott (equal), R. McLennan, L. P. Booth and S. H. Quance (equal), A. T. Scott. W. Babbit and J. C. C. Grasett (equal), F. O. Lawrence and M. J. Glass (equal), T. A. Amos, U. N. Thornton, D. P. McPhail, A. Thompson, R. R. Ross, J. A. Phillips, J. W. Shillington, A. E. Mackay, J. W. Ross, Mrs. A. L. Pickering, A. B. Foster, E. Clouse, F. L. Schaffner, E. M. Spencer, W. B. Nesbitt. A. Myers, T. S. Philp, W. H. Clarke, Miss A. McLaughlin, D. Bechard, P. J. McDonald, W. D. Kester. University gold

medal to James McLurg; University silver medal to J. B. Reid.

VICTORIA UNIVERSITY.—The following is the list of the students of Toronto School of Medicine who passed the examination. *For the M.D.C.M.*—O. R. Avison, J. Applebee, W. Armstrong, J. J. Brown, S. G. T. Barton, J. Bell, A. E. Collins, C. R. Charteris, E. Campbell, J. M. Cameron, W. H. Clapp, D. A. Dobie, E. J. Free, H. P. H. Galloway, W. R. Gillespie, W. J. Glassford, O. Groves, T. H. Halstead, A. J. Hunter, H. R. Hay, M. J. Mulock, J. H. McCasey, A. M. McFaul, C. F. Moore, A. H. Perfect, J. A. Palmer, P. J. Rice, W. R. Shaw, D. Sinclair, G. H. Shaver, G. R. Stockton, J. C. Smith, G. Stewart M. Towell, W. J. Walsh. *Primary Examination.*—W. Almas, J. J. Broad, R. H. Anderson, W. O. Barber, J. A. Cross, J. Carruthers, W. Egbert, W. H. Groves, J. A. Greenlaw, W. C. Gilchrist, R. S. Hornell, A. J. Harrington, A. H. Holliday, D. Henderson, S. McKibbin, J. A. Millican, D. McKay, R. G. Montgomery, J. C. Patton, J. H. Reid, S. F. Rutherford, J. A. Ross, A. J. Reynolds, F. N. G. Starr, P. W. Thompson, T. S. Webster, H. Wallwin, H. A. Youmans.

MCGILL UNIVERSITY, MONTREAL.—The following gentlemen, 43 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M. from the University:

W. H. Aborn, J. A. Berry, E. H. P. Blackadder, B.A., S. W. Boone, B.A., W. Bowen, B.A., Jay Boyd, K. Cameron, B.A., W. Christie, B.A., A. M. Cowie, B.A., J. A. Dickson, B.A., C. L. Easton, C. J. Edgar, W. E. Ellis, E. J. Evans, J. D. Flagg, E. W. Fillmore, J. M. Fraser, A. W. Gardner, A. G. Hall, W. Hall, A. L. Hamer, J. W. Johnson, J. A. A. Kelly, A. M. Lafferty, H. A. Lafleur, B.A., W. F. Loucks, A. D. Macdonald, A. L. McDonald, D. D. McDonald, H. McKinnon, V. H. Morgan, T. J. Norman, J. A. Porter, B.A., J. C. Pothier, E. Reavely, G. C. Richardson, D. L. Ross, J. M. Scott, D. J. Scully, G. C. Stephen, H. E. Trappnell, P. H. Warneford, H. P. Wilkins, E. P. Williams, A. A. Young.

Medals, Prizes and Honors.—The Holmes Gold Medal, for the best examination in all the branches comprised in the Medical Curriculum, is awarded to Edward Evans, of Seaforth, Ont. The prize for the best examination in the final branches is awarded to Henri A. Lafleur, of Montreal. The prize for the best examination in the primary branches is awarded to Alex. E. Garrow, of Ottawa, Ont. The Sutherland Gold Medal is awarded to John Creasor, of Owen Sound, Ont. The following gentlemen, arranged in order of merit, deserve honorable mention:

In the primary examination—H. McKercher, G. G. Campbell, J. A. Creasor, W. S. England, W. G. Stewart, H. E. Young, D. H. McIntosh, G. A. Brown, D. A. Murray. In the final examination—J. M. Fraser, J. A. Kelly, L. D. Ross, W. Hall, A. L. Hamer, T. J. Norman, A. D. McDonald, W. Christie, E. H. P. Blackadder and J. W. Johnson.

Professor's Prizes.—Botany—R. McKechnie, Winnipeg. Practical Anatomy—Demonstrator's prizes: 2nd year, W. G. Stewart. 1st year, R. McKechnie. Obstetrics—Ed. Evans, Seaforth, Ont. Pathology—O. H. Hubbard, Gilsam, New Hampshire.

INTERNATIONAL MEDICAL CONGRESS.—The Senate of the United States will give \$10,000 towards defraying the expenses of the International Medical Congress, to be held at Washington this summer.

At a meeting of the Council of the University of Melbourne, it was decided, by a large majority, to admit ladies as students of medicine.

A DIPHTHERIA HOSPITAL IN NEW YORK.—Efforts are being made to establish in New York a special hospital for diphtheria patients.

Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, March 31, 1887.

The president, Dr. McPhedran, in the chair.

PATHOLOGICAL SPECIMENS.

Dr. McPhedran presented a case of commencing rheumatoid arthritis in a young man aged nineteen: Three years ago the metatarsophalangeal joint of the left great toe began to get stiff and painful, with crackling on moving the joint. At present there is thickening of the ends of the bones, and considerable stiffness of the joint. The interphalangeal joints of the same toe are beginning to be affected. Iodides internally and local applications constitute the treatment. The prognosis is unfavorable.

Dr. Oldright exhibited a calculus weighing about 3iv, which he had removed from a boy aged 6 years. The symptoms commenced two

years ago, with frequent and painful micturition. Sand was passed at intervals. There was sometimes sudden stoppage of the stream. The lateral operation was performed and two stones removed, one having three facets and the other four. The number of facets could probably be accounted for by a change of the relative positions of the calculi.

Dr. W. H. B. Aikins exhibited a brain from a young woman, aged 24, who had died a few hours after labor. Bright's disease commenced three years ago. Before labor commenced there was a large amount of oedema of the lower limbs and of the external genitals. Urine loaded with albumen. Bowels moved freely, intellect clear, but slight headache. After labor had been in progress about four hours, the patient gradually became semi-comatose, right hemiplegia set in, the right pupil was contracted, and the patient had several convulsions. Patient was delivered of a dead fœtus, and shortly afterwards paralysis became general, coma ensued, and patient died about twelve hours after labor set in.

Post-mortem.—The lateral, third and fourth ventricles of the brain were filled with a recent clot. There was also a diffused hemorrhage into the membranes at the lower and back part of the cerebellum. The kidneys were large and white.

Dr. Carson expressed the opinion that when pregnancy is preceded and accompanied by Bright's disease, the gestation should be terminated prematurely.

Dr. Cameron thought simple albuminuria of pregnancy could be successfully treated if taken early. Abortion should only be induced when treatment proves of no avail. In such a case as the above the hemorrhage could probably be checked by venesection.

Dr. Oldright always administered pulv. jalapæ co., and alkaline diuretics, on the first appearance of oedema.

Dr. T. S. Covernton presented a specimen of carcinoma of the liver, from a woman aged 59. There was no history of cancer in the family. Patient had suffered from indigestion and hepatic colic. On March 5th an attack of pleurisy set in. The chest became filled with fluid and was aspirated. At the same time a

smooth, rounded tumor was felt in the epigastric region, apparently depending from the liver. No fluctuation was detected. After tapping the chest a second time an exploratory incision was made over the tumor. On finding the carcinomatous nature of the growth the wound was closed. Death took place on the 11th March.

Post-mortem.—The surface of the liver presented numerous soft, semi-fluctuating tumors, varying in size from a walnut to a goose-egg. The right lung and pleura also presented nodular growths. There was about a quart of fluid in the pleural sac.

STATED MEETING, April 14, 1887.

The president, Dr. McPhedran, in the chair. Dr. Osler, of Philadelphia, read a paper on

THE IRRITABLE HEART OF CIVIL LIFE.

This condition, though not so dangerous to life as organic disease, often gives rise to great discomfort and uneasiness. The prominent symptoms are palpitation, pain, dyspnoea, and slight enlargement. The condition is comparable to the irritable heart mentioned by Da Costa as occurring in military life, particularly among young recruits.

As regards the condition under consideration, the following is the etiological classification:—

1. Toxic cases.
2. Those traceable to over-exertion.
3. Those due to sexual excesses.
4. Those accompanying neurasthenia.

The toxic agents giving rise to irritable heart are tobacco, (which is the most common), tea and coffee. Young men from 18 to 25 years are most frequently the subjects of irritable heart. There is usually some slight enlargement of the organ, and the symptoms accompanying this are palpitation on exertion, more or less pain, and occasionally dyspnoea.

The reader of the paper then recited several cases illustrating this condition. The principal points in treatment were removal of the cause, rest in bed, and pot. brom. gr. xv. *ter die*. Most of the cases recovered completely.

Irritable heart from over-exertion, otherwise known as heart-strain or heart-shock, is met

with in gymnasts, as runners, rowers, etc. There are two forms of heart-strain:

(1) Acute dilatation (heart-shock) the result of an individual great and continued effort. In such cases perfect recovery never takes place, and the subjects are thereafter incapacitated for any great effort.

(2) The irritable heart as the result of persistent and repeated great exertions. This is the condition described by Da Costa as occurring in young soldiers. Gradual hypertrophy and dilatation may precede the irritability. These conditions are sometimes classified under the head of idiopathic hypertrophy and dilatation. Cardiac dropsy and murmurs may be accompanying symptoms. Chronic alcoholism and syphilis, as well as over-exertion, enter into the causation.

Sexual excess, either in the form of coitus or masturbation, induces irritability of heart. The following case is illustrative: A male, aged 26. History good. Had chewed tobacco moderately but never smoked to excess. Had lifted a good deal. Had been a masturbator and also of late had indulged in sexual excess with women. The heart-beat was hard, but not rapid when at rest. There was considerable pain in the chest. Fluttering at night was a distressing symptom. The pulsations were very variable. In recumbent posture the pulse was 74; when erect, 132. There was no murmur. Under treatment he recovered in about three months.

The cases of irritable heart, occurring as a result of neurasthenia, are nearly twice as frequent in females as in men. They are accompanied by mental distress, debility, nervous dyspepsia, and, in women, uterine disease. There is sometimes a peculiar vaso-motor disturbance, causing flushing or even lividity of various parts of the cutaneous surface. A feeling of impending death is a frequent and most distressing symptom in some cases.

Two other conditions, tachy-cardia, in which the pulsations reach 180–200, and Graves' disease, are forms of irritable heart.

Treatment.—Perfect rest in the recumbent posture, careful feeding, and removal of the cause are important. The application of cold (50° or 60° F.) to the præcordia, by means of Littré's tubes, frequently allays the pain and rapid action of the heart. Galvanism has been

used with some benefit in the tobacco heart. Of drugs, pot. brom., in doses of gr. xv. *ter die*, has been found signally useful. Nux vomica is also beneficial. Aconite and digitalis seem to have no special influence over this condition.

Discussion.—Dr. Graham considers that among toxic agents might be mentioned those formed in the system, especially in patients of the gouty or rheumatic diathesis. In these cases large quantities of starchy or saccharine foods, or even small quantities of alcohol, give rise to extreme irritability of the heart.

Dr. Bryce had met cases in which saccharine and starchy food caused distressing cardiac symptoms by distending the stomach.

Dr. Wilson had used nitro-glycerine and amonia in such cases with benefit.

Dr. Zimmerman found that emp. belladonnæ over the præcordia often gave relief. Arsenic and cod liver oil were also found beneficial. In cases of irritability due to distension of the stomach small doses of ac. carbolic are useful.

Drs. Workman, Covernton, Mullin (of Hamilton), McPhedran and Macdonald also took part in the discussion.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Hamilton, April 13th, 1887.

Regular Meeting held April 5th, Dr. McCargon, President, in the chair.

Dr. McCargon exhibited a specimen of disease of the vermiform appendix, with part of the ileum, and gave some history of the case. He also exhibited a specimen of cancer of the penis, from a negro, aged about sixty years, of some months duration. Dr. Malloch removed the penis. In this case, the disease had extended so high up, and being complicated with a swollen gland in the groin, amputation close to the pubis was necessary. The gland was also removed. To obviate the irritation which would be caused by the flow of urine over the scrotum and adjacent parts, the scrotum was split, the spongy portion of the urethra dissected down to the triangular ligament, and brought out in the perineum—the corpora cavernosa cut close to the bones. The incisions

were then brought together with sutures, and the necessary dressings applied.

Dr. Malloch also reported two cases of perineal section, which occurred during the past week—one from retention due to hypertrophy of the prostrate complicated with a false passage. Commenting on the operation for its relief, he expressed an opinion in favour of Harrison's method of puncturing through the prostate; but, not having the necessary instrument, he cut into the membranous portion of the urethra, and established communication with the bladder. The second case was one of extravasation of urine, resulting from a traumatic stricture of two years' standing. The patient, when first seen, had not passed any urine for four days. When examined, the scrotum was found enormously swollen, and the bladder distended. Very little pain was complained of. Wheelhouse's operation was performed. A grooved straight staff was passed into the urethra until it came to the stricture; the incision was then made in the perineum, the stricture divided, the staff then turned so that the knob on the reverse side hooked on the urethra, and, by gentle pressure, the urethra was put on the stretch. A sufficient opening being made in the urethra, a No. 12 gum elastic catheter was passed into the bladder. The catheter was then bent, and the other end passed into the urethra above the stricture, and carried up till it appeared at the meatus. The scrotum was then freely incised, to allow the escape of urine, and a large quantity was passed from the bladder through the catheter. The last account states that the patient is doing well.

F. E. WOOLVERTON, *Secretary*.

HURON MEDICAL ASSOCIATION.

STATED MEETING.

Clinton, April 19th, 1887.

The President, Dr. William Graham, in the chair.

Dr. Taylor, Goderich, presented a case of

PARALYSIS,

following severe attack of diphtheria in a child of seven years. In this case the disease had manifested itself in a severe form, and the

characteristic patches of diphtheria were very prominent. The constitutional symptoms were very severe, and the recovery of the patient was not expected; but he slowly convalesced, and the paralysis became very noticeable. It is disappearing now very gradually with the use of *tr. ferri mur.* and *tr. nux vomica.* A point of interest in this case was the fact that, although it had occurred in a family of ten persons, living in most favorable quarters for the development of an epidemic, yet no second case had followed in the family. The doctor had ordered isolation of the other members of the family and disinfection, but his orders were not obeyed.

Dr. Ohisholm, Wingham, said he had noticed that children who swallowed the membranes when it became dislodged from the throat were more frequently affected with diphtheritic paralysis.

Dr. Smith, Seaforth, related the history of a case of

DIABETES INSIPIDUS

under his care. The disease first appeared about five months ago, when the amount of urine passed was nine and ten pints daily. The amount was slowly increased, until in two months the amount voided daily averaged fourteen pints. The specific gravity in the early part of the disease was 1003 to 1005, and at no time could the presence of sugar be detected. Ergot, in doses of 30 minims of the fluid extract, had been given three times a day, also a pill containing a grain and a half of extract of belladonna and half a grain of opium daily, but these failed. Latterly, by using Clement's solution of bromide of arsenic in three-drop doses after each meal, and acid phosphoric dil., in small doses, to lessen the thirst, the quantity of urine had been lessened to five pints daily, with specific gravity of 1012. The patient's general health was improved, but the polyuria still continued, though not to as great an extent as formerly.

Dr. Mackenzie, Belgrave, read notes of an interesting case of

RHEUMATOID ARTHRITIS,

occurring in a woman, aged 50 years. The knee was the joint involved. Although the

treatment of these cases was generally very unsatisfactory, a favorable result was reported from the use of arsenic, in gradually increased doses of Fowler's solution, until eight minims were taken after each meal. The Faradic current was also tried, with satisfaction in this case. The treatment in the latter part of the disease consisted of the administration of potass. iodide combined with liquor arsenicalis, and the case might now be pronounced cured, as the patient had been for some time free from any symptoms of the disease.

Dr. Mackid, Seaforth, exhibited a pathological specimen of a

FIBRO-CYSTIC TUMOR,

removed from the superior angle of the neck of a woman who had previously appeared at meeting of the Association. The case was then considered to be one of Hodgkin's disease, but latterly no improvement taking place a microscopic examination was made of a small section, and the growth proving to be fibro-cystic its removal was decided upon. The wound healed nicely by the first intention, and the patient is able to attend to her usual duties.

Dr. Worthington, Clinton, read a paper on

PUERPERAL FEVER

preceding delivery, and gave an interesting account of three cases which he had met with in practice, one of these being of recent occurrence. He was called to see a lady in the third month of pregnancy, and found hemorrhage from the uterus had been going on for ten hours, but without any labor pains. After prescribing complete rest and giving ergot in small doses the hemorrhage was lessened, and on making a digital examination the following morning the fœtus was found in a position to be removed, but the os uteri was rigid and undilatable. During the day the hemorrhage was slight, but during the following night it was increased, so that when called in the morning he found marked change in the patient's countenance. Nothing had come away and nothing could be detected upon examination, the os uteri being still rigid. While considering what course to pursue a severe chill came on and lasted for two hours. Decided at once to dilate the os, first using (without success) Barnes' dilator, and

then inserted two small spongetents. After waiting a short time and administering a full dose of ergot he had the satisfaction of seeing the fœtus and placenta discharged. The patient's pulse was then 130 and the temperature 105°F. At once gave quinine and prepared and used a sublimate solution (1 to 3000) to wash out the uterus and vagina. Gave quinine every three hours and repeated the uterine irrigation every six hours. In a short time the pulse had fallen to 105 per minute, and the temperature to 102°F. She slowly convalesced and made a good recovery. The questions arose (1) Could not the septic action have been prevented by the early use of sublimate or carbolic injections? (2) Could not the hemorrhage have been more completely controlled? The other two cases which Dr. W. related were also interesting. One of them occurred three weeks before labor was expected, and by the use of opium in full doses, and the application of turpentine stupes to the abdomen, the symptoms of a severe attack of puerperal peritonitis slowly abated, and the patient went on to full term. The other case was similar to the last one mentioned, with the exception that the attack was nearer to the time at which delivery was expected. The discussion following was mainly on the use of antiseptics in these cases.

Dr. Williams, Clinton, gave an account of a case at present under treatment which he had diagnosed as a mild case of typhoid. In the latter part of the disease, a slight swelling was noticed in the right iliac region where fluctuation was detected, and from which, on opening, a small quantity of healthy pus and blood discharged. There had evidently been no absorption of pus as the temperature was not increased. There was considerable induration at the site of the opening, which was still continuing to discharge. The question arose and was discussed as to the most probable cause of this interesting sequel to the disease.

Dr. Graham, Brussels, presented a case of progressive

MUSCULAR ATROPHY

in a man aged 55 years. The symptoms were well marked. The duration of the disease had been about two years. During that time the patient had been slowly failing in strength.

The muscular wasting was most noticeable about the shoulder and hip-joints. While the prognosis was regarded as unfavorable, massage and faradization were recommended.

The following resolution was moved by Dr. Taylor, Goderich, and seconded by Dr. Williams, Clinton, and unanimously adopted:—

“That whereas a scheme has been proposed having for its object the formation of a Faculty of Medicine under the direct control of Toronto University and in intimate relation to the General Hospital, the members of Huron Medical Association desire to place on record their appreciation of the plan proposed and their confidence that if the same is carried out the cause of medical education in Ontario will thereby be greatly perfected, and many of the well-founded objections to the present system removed; and that we assure the promoters of this scheme, that they will have our hearty co-operation and sympathy in their efforts to establish in close connection with our Provincial University a Medical School which shall afford the best known facilities for the study and investigation of Medical Science.”

It was decided to have a Question Drawer at future meetings. Each member will have the privilege of depositing questions with the secretary before the meeting, the answers to be given by the Association during the session. This will likely prove an interesting feature of future meetings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, JANUARY 28TH, 1887.

J. C. Cameron, M.D., President, in the Chair.

LARYNGEAL CYST.

Dr. Major exhibited a small fibrous cyst removed from the margin of the anterior commissure of the larynx. Before the operation the voice was harsh, rough and breaking from bass to treble during ordinary conversation. Since the removal of the cyst, however, the voice has been gradually improving, until of late it has become almost normal.

TUMOR OF THE OVARY AND FALLOPIAN TUBE.

Dr. Gardner exhibited a friable, irregular

tumor about the size of a child's head, removed by him a few days before from a maiden lady of 43 years. On opening the abdomen, the tumor of the right ovary and tube was found firmly adherent to the intestines, omentum and floor of the pelvis. The operation was a very formidable one. The patient, however, recovered well from the effects of the operation, having experienced no severe shock, and was apparently making a rapid recovery.

MYXŒDEMA.

Dr. James Stewart read a paper on a case of myxœdema.

Discussion.—Dr. R. L. MacDonnell said that the patient had been under his observation in the General Hospital at different times. It was generally regarded there as a case of tetanus. He had never been able to find that the patient had any tetanic spasms in the hospital, though these were carefully looked for. He did not think that the thyroid in the patient was altogether absent. In many it is difficult to make out the gland by external manipulations. Finally, he asked if Dr. Stewart had ever seen the patient in a tetanic spasm.

Dr. Merrill said he had known the patient some years. He had never seen any tetanic spasms, but the patient had complained about frequent attacks of severe colicky pains. He was always a very badly-nourished, dyspeptic-looking man.

Dr. Shepherd could not agree with Dr. Stewart's suggestion, that the reason myxœdema or cachexia strumipriva follows excision of the thyroid is because of the disturbing damage done to the sympathetic system, as the affection, so far as he knew, never followed extensive operations in the neck (as removal of chains of enlarged glands and tumors), when the sympathetic trunk is quite as much interfered with as in the removal of the thyroid. When no myxœdema follows the operation of removal of the gland, it is supposed to be incomplete removal.

Dr. Reed asked if Dr. Stewart could give the average temperature of the patient?

Dr. Mills said to believe that any gland or other organ existed to *prevent* the formation of a substance, whether normal or abnormal, was

inconsistent with general physiological principles. True, the removal of certain glands, as the testicles in the young, arrested development, both physical and psychical. In the adult dog, such removal was followed by obesity, which could be largely accounted for by the inactivity of the animal, associated with the psychical shrinkage—the curtailment in the number and variety of the afferent impulses reaching the nerve centres. It had been asserted that, after the removal of the thyroid in children, there was stunted development, especially intellectually. It is likely metabolic changes follow removal of the thyroid; owing to the influence on the nervous system there is a loss of balance. All healthful life implies balance of function. It was not yet clear how the balance was destroyed by removal of the thyroid; but we were on the way to knowledge, for we had learned, experimentally, that this organ was not a blood-former. If, as had been suggested, the changes following experimental or surgical removal were due to injury to the sympathetic, one would expect to observe vaso-motor symptoms, which had not been the case, though such an objection must not be too strongly urged; for though dilation follows section of the cervical sympathetic, such is not permanent, and, if transient, might be overlooked.

Dr. Stewart, in reply, stated that he had seen the patient in tetanic spasms many times. When first seen the patient had an attack. With regard to the average temperature, it was low—about 97°. The patient always complained of cold. The whole question of the function of the thyroid was still in a very unsettled state. He did not wish to be understood as saying that atrophy or disappearance of the thyroid had nothing to do with myxœdema. There is certainly evidence pointing strongly to both myxœdema and tetany, being due to changes in the nervous system.

EXCISION OF THE LARYNX.—We learn from the daily papers that a larynx has been removed *in toto* by a Philadelphia surgeon. The patient died. The same operation with the same result has recently been done in Baltimore and London.

Book Notices.

Report relating to the Registration of Births, Marriages and Deaths, in the Province of Ontario for the year 1885. Toronto, 1887.

Proceedings and Addresses at a Sanitary Convention held at Coldwater, Michigan—Supplement to the Report of the Michigan State Board of Health, for the year 1886.

Annual Address delivered before the American Academy of Medicine at Pittsburg, Pennsylvania. By R. S. SUTTON, A.M., M.D., President of the Academy.

A Text-Book of Pathological Anatomy and Pathogenesis. By ERNEST ZIEGLER. Translated and edited for English Students by DONALD MACALISTER, M.A., M.D. Three parts complete in one volume. Octavo, 1118 pages, 289 illustrations. Price, extra muslin, \$5.50; sheep, \$6.50. New York: Wm. Wood & Co.

Mr. John Burroughs will open the May *Popular Science Monthly* with an article on "The Natural versus the Supernatural." The paper is admirable in tone, clear and outspoken, and is intended to vindicate the position taken in his article on "Science and Theology" published in the December *Monthly*.

Manual of Operative Surgery. By JOSEPH D. BRYANT, M.D., Professor of Anatomy and Clinical Surgery, and Associate Professor of Orthopedic Surgery in Bellevue Hospital Medical College, etc. 500 pages; 800 illustrations. New York: D. Appleton & Co., 1887.

This work gives a description of all the ordinary surgical operations, excepting those peculiar to the female sex, and the eye and ear. The general plan is good, the advice as to choice of methods of procedure is judicious, and the descriptions of operations are clear and interesting. We can recommend this book with confidence, both to advanced students and practising surgeons; we have seen nothing of the kind we like so well.

A Reference Handbook of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and Allied Sciences. Edited by A. H. BUCK, M.D. Wm. Wood & Co., Lafayette Place, New York. 1887.

The 4th volume of this work is now to hand

and shows no evidence of falling off from the standards of its predecessors. The same comprehensiveness of character and minuteness of detail are still displayed in the discussion of every subject. This volume brings the work up to words beginning with mil. Three excellent chromo-lithograph plates are given: one on carcinoma and sarcoma of the larynx, with twelve different examples, and two plates on the various bacteria cultures in test tubes. The completed series will constitute a whole medical library in itself.

The Journal of Morphology. Edited by C. O. WHITMAN, Director of the Lake Laboratory, Milwaukee, Wis., recently of the Museum of Cambridge, Mass. Two numbers a year of 100 to 150 pages each, with from five to ten double plates. Subscription price, \$6.00 a year. Single numbers, \$3.50. Cordial promises of support have been received from many of the most eminent investigators in this department. The Journal will be issued in the best style, with elaborate lithographic plates. Contributors to vol. I, May, 1887. Prof. R. Ramsay Wright, and A. B. Macallum, of University College, Toronto, Canada. *Sphyrnura Osleri*, a contribution to American Helminthology. Dr. J. S. Kingsley, Dr. William Patten, Dr. G. Baur, C. O. Whitman, Director of the Lake Laboratory, Milwaukee, Prof. E. B. Wilson. This number will contain Seven Double Lithographic Plates and one Heliotype Plate. Ginn & Company, Publishers, Boston, New York, and Chicago.

On Fevers: Their History, Etiology, Diagnosis, Prognosis, and Treatment. By ALEXANDER COLLIE, M.D. With colored plates. Philadelphia: P. Blackiston, Son & Co., 1012 Walnut Street, 1887.

The author in the preface says that the observations are for the most part founded upon over 21,000 cases which he had personally treated. The book is written with precision, and the many quotations from known authors, which greatly increase the bulk of the volume—are well selected to bear out the views of the author. We are surprised in the face of the mass of literature now pouring from the press in favor of the bacterial origin of some of the infectious

diseases, to find the older views of pathologists presented with the conservatism of a true Briton, and in disregard of recent weighty additions to pathological certainties. Well colored plates, a dietary scale, and the prescriptions from the pharmacopœia of the London Fever Hospital are added. The retail price is \$2.50.

The Nursing and Care of the Nervous and the Insane. By CHAS. R. MILLS, M.D. J. B. Lippincott Co., Philadelphia.

This little manual is one of a series of "Practical Lessons in Nursing." Among the numerous books on nursing which have appeared from time to time, none has before been specially devoted to the nursing of patients suffering from nervous disease, or the different forms of insanity. In the first chapter points in the general management of such nervous manifestations as hysteria, epilepsy, etc., are given, and narcotic habits are dealt with. The second and third chapters are devoted to massage, etc., and electro-therapeutics, while the nursing and care of the insane is the subject of the last chapter. This work may be perused with advantage, not only by professional nurses, but also by medical men, who, it must be admitted, are not too familiar with the proper management of many of the nervous diseases met with in general practice.

Drug Eruptions. A Clinical Study of the Irritant Effects of Drugs upon the Skin. By PRINCE A. MORROW, A.M., M.D., Clinical Professor of Venereal Diseases; Consulting Surgeon to the Bellevue Out-door Department, etc., etc. Octavo, 206 pages, one lithographed plate. Extra muslin. Price, \$1.75. New York: William Wood & Company.

Dr. Morrow has for some years past made a study of the action of drugs in the production of skin eruptions. The result of his elaborate investigations he has given in the present work. As the author states in the preface, "The physician should not only be acquainted with the drug's normal typical mode of action, but also with its abnormal and incidental effects."

It is quite probable that many eruptions have been put down as the result of disease, which have really been produced by drugs.

This is particularly the case with such common remedies as quinine, the iodides and bromides. The general practitioner will find the present work an excellent book of reference when such cases are met with.

There is an extensive bibliography at the end of the volume, which adds very much to its value.

Nervous Diseases and their Diagnosis. By H. O. WOOD, M.D., LL.D. Philadelphia: J. B. Lippincott Company.

This volume is the result of clinical investigations carried out in a long-continued hospital service of twenty-five years. The reader at once is convinced that the work is not a compilation, but rather the record of independent opinions and investigations. The same originality is also seen in the arrangement of the various subjects throughout the book. It is therefore calculated to be of great service for reference in this obscure and difficult department of clinical medicine.

He first takes up the various forms of paralysis, dividing them into the functional and the organic. In the second chapter, motor excitements are treated of, including those of more infrequent occurrence, such as tetany, etc.

The last chapter—the eleventh—is devoted to disturbances of intellect. It is really a short treatise on the subject of insanity, and will be found of great value.

Dr. Wood is one of the most brilliant and accomplished physicians of America, and this his last work is not inferior to any which have preceded it.

Outlines of the Pathology and Treatment of Syphilis and allied Venereal Diseases. By HERMANN VON ZEISSL, M.D. Second edition. Revised by Max. Von Zeissl, M.D. Translated, with Notes, by H. Raphael, M.D. New York: D. Appleton & Co.

The chief value of this work consists in the fact that it is the embodiment of the life-work and almost unrivalled experience of its author. Following a very brief, though interesting, introduction, and exegesis of the venereal contagions, of which, in accordance with the most widely-accepted views, three varieties are recognized, the first section, of about 100 pages,

is devoted to gonorrhœa and its complications in male and female—on the whole, not a remarkable or noteworthy chapter. The next 30 pages are taken up with a brief and very ordinary account of the soft chancre; and the remaining 250 pages present the *pièce de résistance* of the book—syphilis. This chapter is well worth perusal, and will prove especially valuable for students, since it is dogmatic and concise in the highest degree. It must, in justice to the author, be admitted that as he set out with the intention of writing for the student a brief guide to the study of syphilis, which should be at once graphic and concise, he has admirably succeeded in his self-allotted task; but, in justice to the general reader, we are at the same time bound to say that, in our opinion, the work will bear no comparison—from a clinical standpoint—with that of Bumstead or of Keyes; or, in an anatomico-pathological respect, with the lectures of Cornil, so ably rendered into English, a few years since, by Drs. Simes and White, of Philadelphia.

A Practical Treatise on Obstetrics. Anatomy of the Internal and External Genitals, Physiological Phenomena (Menstruation and Fecundation). By A. CHARPENTIER, M.D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. I. of the *Cyclopedia of Obstetrics and Gynecology* (12 vols.), issued monthly during 1887. New York: William Wood & Co.

The American editor of this cyclopedia, Dr. Grandin, of New York, says in his preface: "Charpentier's work on obstetrics is the most complete in any language, and is a faithful and unbiassed mirror of the theories and of the practice of the most renowned obstetrician." The correctness of this statement will be pretty generally conceded. Dr. Charpentier had exceptional advantages while acting as head of the Obstetric Clinic at the Paris School of Medicine, and when associated with Pajot and Depaul in the chair of obstetrics, and his work published in 1882 was highly appreciated. There will be twelve volumes in all, which are being issued monthly during the year 1887. That portion devoted to obstetrics will occupy four volumes. The remaining eight volumes will be devoted to gynecology, and will be the combined work of several distinguished and

well known authors. We may state that we have in this work a good example of the advantages we enjoy in this day of getting the best of medical literature at a low price—the price of the set of 12 volumes being \$16.50. Vol. I. treats of the anatomy of the internal and external genitals, menstruation and fecundation, and normal pregnancy and labor. Vol. II. treats of the pathology of pregnancy, and Vol. III. takes up the pathology of labor.

Medical and Surgical Memoirs; containing investigations on the Geographical Distribution, Causes, Nature, Relations and Treatment of Various Diseases, 1885-1886. By JOSEPH JONES, M.D. New Orleans, La. 1887. Pp. 1318.

This work may justly be termed encyclopedic. Every page bears evidence of hard original work, and one marvels that so much could have been accomplished by one man even in thirty years of incessant investigation and recording. The author, from the absence of medical publishing houses in the South, has been compelled to act as his own publisher, and has spared no pains. One hundred and forty engravings, and sixteen plates, comprising seventy-five figures, illustrate the work. This volume relates chiefly to intermittent, remittent, pernicious and hæmorrhagic malarial fevers, yellow fever, and Oriental leprosy, each of which is treated of in a most careful and minute manner, every page testifying to the author's laborious original investigations. Probably no single volume has ever been published anywhere that contains so much information on the character and changes of the blood in different diseases. The first volume of these memoirs, published eleven years ago, was reviewed in the *CANADIAN JOURNAL OF MEDICAL SCIENCE* in 1876, and future volumes are promised on yellow fever, typhoid, dysentery, scurvy, small-pox, vaccination, spurious vaccination, syphilis, hospital gangrene, and other diseases, provided the medical profession accord the author that generous and hearty support that will enable him to conduct the work to a successful termination. We have no doubt this support will speedily reward the author for his wonderful enterprise. Even an extended review of the book would be utterly inadequate to convey to our readers the vast amount of information these memoirs contain.

M. Pasteur et La Rage. Dr. LUTAUD redacteur en chef du *Journal de Médecine de Paris*. Exposé de la méthode Pasteur. Fréquence de la Rage. Insuccès du Nouveau traitement. La Rage du Chien et du Loup, Statistiques Complètes, etc., etc. Publications du *Journal de Médecine de Paris*. Paris, 1887.

This book comprises a description of the methods of M. Pasteur, and discusses the merits of the inoculation cure that Pasteur claims to have discovered, with all the bitterness and violence of a partizan Frenchman who is an out and out skeptic as to its reliability. In chapters v, vi and vii, the frequency of hydrophobia, and the symptoms and history of the disease in the dog and the wolf are ably treated of. Pasteur's statistics are shewn to be incorrect, and the results published by Pasteur and his followers are said to be untrue and misleading. It is claimed that instead of checking hydrophobia, Pasteur's method has resulted in increasing the number of deaths from hydrophobia, or from "*la nouvelle maladie Pasteur*."

Many interesting points relating to hydrophobia are discussed in the book, and from the author's standpoint a very strong case is made out against M. Pasteur and his method, and one is almost compelled to believe the now celebrated Parisian to be a gigantic humbug and his so-called inoculation cure a delusion and a snare. In the April number of the *American Journal of the Medical Sciences*, Dr. Harold Ernst, of Harvard, publishes the results of a series of inoculation experiments, which are especially valuable, coming from an independent observer who began his investigation as a skeptic, as a disbeliever in the existence of virus that would produce such symptoms as were claimed. He had not visited Pasteur, was ignorant of his precise methods, and knew nothing more of his methods than he has seen fit to publish. Dr. Ernst's conclusions are in accord with the declarations of Pasteur. They were reached at a distance from him and by work entirely separated from any personal influence and bias.

Marriage.

ZIMMERMAN—ROGERS. — At Toronto, April 18th, by the Rev. Henry Grasett Baldwin, R. Zimmerman, M.D., of Toronto, to Emma, eldest daughter of R. N. Rogers, of Sterling, Iowa, U.S.

Personal.

Dr. Whiteford has given up practice in Winnipeg.

Dr. Zimmerman has removed to 283 Church Street.

Dr. W. G. Dow has started practice in Owen Sound.

Dr. B. T. Gahan, of Penetanguishene, wishes to dispose of his practice. See advertisement.

Dr. McKenzie, late of Riverside, intends to leave shortly for a two years' sojourn in Europe.

Thos. McKenzie, B.A., was elected resident medical officer of the Home for Incurables, Parkdale.

Dr. W. T. Parry (Toronto School of Medicine) was admitted to the membership of the Royal College of Surgeons, England.

Dr. J. S. Jewell, Editor of the *Neurological Review*, who had been in poor health for a considerable time, died April 18th, at Chicago.

Dr. E. B. O'Reilly, brother of the Medical Superintendent of Toronto General Hospital, has been appointed resident surgeon of the Winnipeg Hospital.

We have heard from different parts of the country very favorable comments upon the excellent and effective speech delivered by Dr. Gilmour, member for West York, on the University Bill.

Dr. H. A. Husband, formerly of Edinburgh, and author of several student's hand-books, was co-examiner with Dr. Ferguson in physiology, at the recent medical examination of Manitoba University.

Dr. D. W. Montgomery, (Toronto School of Medicine,) is now lecturing on pathological histology in the medical department of the University of California, and has also a skin clinic in the same institution.

HOSPITAL APPOINTMENTS.—Drs. D. A. Dobie and W. O. Stewart, from Toronto School of Medicine, and Drs. W. A. S. Shannon, C. Grasett and E. C. Clouse, from Trinity Medical School, are the appointees to the House Surgeonships at the Toronto General Hospital for the ensuing year.

THE Canadian Practitioner

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TORONTO, JUNE, 1887.

Original Communications.

PHOTOGRAPHING THE RETINAL IMAGE IMPRESSED ON THE LIVING FUNDUS OCULI.

BY A. M. ROSEBRUGH, M.D., TORONTO.

(Read before the Canadian Institute, Toronto,
April 4th, 1887.)

In January, 1864, I had the privilege of reading a paper before the Canadian Institute on "Photographing the Living Fundus Oculi." This paper was published in the journal of the Institute, which was issued two months later, namely in March, 1864. This article was copied by the scientific journals abroad and, among others, attracted the attention of Prof. Zantedeschi, of Padua, Italy, who wrote me in June following. This communication of Prof. Zantedeschi led to the production of the photographs which I have the honor of presenting to the Institute this evening; and as this communication is interesting in itself, and as I have a literal translation thereof, I will read the same. He writes as follows:

PADUA, June 28th, 1864.

DEAR SIR,—In the numbers 3 and 6 of the *Moniteur du Photographie* for the year 1864, I read with great pleasure that you have photographed the bottom of the eye of living animals, and I congratulate myself with you. I should have need, for the promotion of my studies, that you would be so kind as to make an experiment for me. Let the eye of a man be directed to an

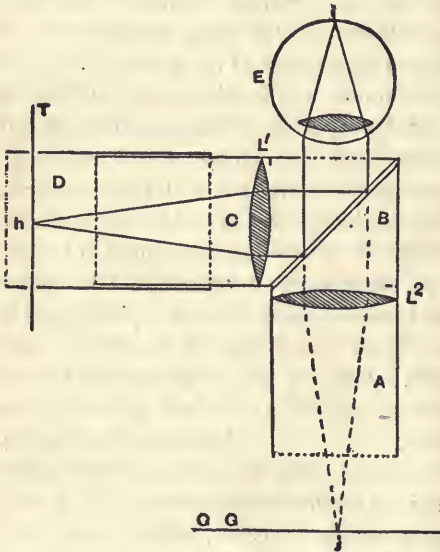
object, as, for example, a flower, whilst the image of the flower *persists* on the bottom of the eye or on the *retina*; let the photography be executed; does the image remain impressed on the paper (*semplilizzata*) in the same way as it is seen in common photography? I expressed my philosophical opinion in a *feuilleton* entitled "La Camera Lucida." Applied to the prototypes of the external world the images are subjective, the impression is objective, and the soul or mind refers the image to the object from which the excitement or the luminous motion is derived. Be so kind as to write me and to enclose in your letter an *essay* of an eye photographed by you whilst the image of the flower *persists* on the *retina*. I give you my best thanks beforehand and remain, with high esteem, yours truly,

FRANCIS ZANTEDESCHI.

I was not able to carry out the suggestion contained in this communication until the following summer (1865), when, after several attempts, I was so far successful as to be able to demonstrate the possibility of accomplishing what Prof. Zantedeschi had in view, namely, photographing not only the living retina of the eye, but also, at the same time, the inverted image of an object to which the eye was directed. My experiments did not extend beyond this point, and I have not found it convenient to take up the subject since that time. The result fell so far short of what I believed might be attained that I refrained from reporting the little that had been accomplished.

As, however, the subject does not seem to have been taken up by others, although 23

years have since elapsed, I desire now to report the result of these experiments, and to present some specimens of the photographs then made. These pictures are quite crude, but inasmuch as they appear to demonstrate at least the possibility of accomplishing the end desired, I trust they will not be found devoid of interest. They are prints from two negatives taken from the retina of a cat while under the influence of chloroform. The first is simply a view of the optic nerve entrance, with the radiating retinal blood vessels, and magnified about four diameters. The second, also magnified, presents a view of the ocular fundus with a dim outline of an image, in this case, a portrait, impinging upon this portion of the fundus. The ramifications of some retinal vessels are also to be seen in the photograph.



A, the camera tube. B, an extension outwards of the camera tube. C, a tube meeting tube B at right angles. D, the sliding tube for carrying the object to be photographed. E, the eye. P, the plate glass. T, the transparency. L^1 , L^2 , the lenses. G G, the ground glass at the back of the camera for adjusting the focus and where the prepared plate is placed. h, a single point of the illuminated object on the transparency. i, the image of this point on the retina of the eye, E. j, the photographic image of this point on the plate at the back of the camera.

My apparatus may be described as follows: A small photographic camera with a principal focus of about three inches is used. Upon the outer end of the tube carrying the camera-lens (or lenses) is attached a T tube, one tube crossing the other at right angles. We will

call the camera-tube containing the photograph lens, tube A, the tube attached thereto, tube B, and the tube meeting the latter at right angles tube C. D is a slotted tube sliding upon tube C. In tube B is placed an elliptical shaped plate of polished plate glass, and inclined at an angle of 45 degrees to tube C. This plate glass is placed so that rays of light impinging upon its surface from tube C are directed outwards from the outer end of tube B. This plate glass partly transmits and partly reflects rays of light incident upon its surface.

A, the camera tube. B, an extension outwards of the camera tube. C, a tube meeting tube B at right angles. D, the sliding tube for carrying the object to be photographed. E, the eye. P, the plate glass. T, the transparency. L^1 , L^2 , the lenses. G G, the ground glass at the back of the camera for adjusting the focus and where the prepared plate is placed. h, a single point of the illuminated object on the transparency. i, the image of this point on the retina of the eye, E. j, the photographic image of this point on the plate at the back of the camera.

While these photographs were being taken the eye of the cat was held near the opening at the outer end of tube B. The transparency was exposed to the direct rays of the sun, and the prepared plate was "exposed" about five seconds.

The principal difficulty in making these photographs arose from the fact that the cornea reflects the light very strongly. This is the case with the eye of lower animals as well as with the human eye, but in the latter a much larger proportion of the light reflected into the eye being absorbed, the light reflected from the fundus is comparatively feeble and not sufficiently intense to illuminate the prepared plate already partly illuminated by the light reflected from the cornea. Hence my attempts at photographing the human retina, or the inverted retinal image imprinted thereon, were not attended with success. As a large proportion of the rays of light incident upon the fundus oculi of the cat are again reflected, a comparative brilliant image is formed on the prepared plate, and this renders the photograph possible, notwithstanding the reflections of light from the

cornea. The inside of the tubes are, of course, well blackened (especially near the part marked B in the figure) for the purpose of absorbing all light not required in making the photographs.

The object, the retinal image of which is to be photographed, is placed near the outer end of tube D, while the eye, whose fundus is to be photographed, is placed near the end of tube B. The light from tube D, or a portion thereof, being reflected through the dilated pupil, causes a certain portion of the fundus to be illuminated. In the cat only a small percentage of the illuminating rays are absorbed. The larger part pass out of the pupil and (in this case) meeting the plate glass, a certain portion are reflected back through tubes C and D to the source of illumination, the balance of the rays are transmitted and pass through the lens to the ground-glass screen at the back of the camera. The eye of a cat being emmetropic or only slightly hyperopic, these rays of light on being emitted by the eye are nearly parallel, and, being refracted by the plate glass and the camera-lens, form a picture at the principal focus of said lens. Hence, although the eye to be photographed is very near the end of the tube, the adjustment of the camera is the same as for distant objects.

In photographing the retinal image my plan was as follows: The object to be photographed was placed in tube D. The object used was a glass transparency printed from a negative, a slot on each side of the tube being made to admit the glass slide on which the transparency was printed. A convex-lens was placed at the inner end of tube C, at its junction with tube B. The length of the focus of the lens was determined by its distance from the glass transparency; thus, if the distance from the lens to the transparency were, say, 3 inches, a lens of 3 inch focus would be used, the object being to render the rays of light from the transparency parallel before being reflected into the eye.

Tube D, being made adjustable with reference to tube C, the distance between the transparency and the lens may be adjusted at pleasure, the object being to place the transparency in that position that will give the best retinal image. If, for instance, the eye to be photographed

were myopic, the transparency would be placed at a point within the principal focus of the lens, and if, on the contrary, the eye were hyperopic, the transparency would be placed at a point beyond the principal focus. In the former case the rays of light reflected into the eye would be diverging, and in the latter case they would be converging.

The same principle applies in focusing the image on the ground glass at the back of the camera. In the case of a myopic eye the focus would be shortened, and in the case of a hyperopic eye the focus would be lengthened.

Although the definition of these photographs leaves much to be desired, the fact that such photographs are possible is not without interest in itself, apart from any practical use that may be made of it. These experiments are also confirmatory of two fundamental principles in physiological optics already demonstrated by the ophthalmoscope, namely:

1. The eye is a perfect *camera obscura*, and the object to which the eye is directed forms an inverted image on the retina.

2. When the eye is illuminated it becomes a *camera lucida*, and light is reflected from the fundus. In the hyperopic, or in the emmetropic eye, these reflected rays may be formed into an image (inverted) by means of a convex lens. In the myopic eye an inverted image is formed in front of the eye without the aid of a lens.

[Dr. Rosebrugh has shown us copies of photographs of the fundus oculi—two series. The first series represents the nerve entrance and the retinal vessels simply. The second series gives the retinal vessels and also a portrait. While the definition in these photographs is not all that could be desired, they at least seem to clearly demonstrate the possibility of attaining the end desired.—ED. PRACTITIONER.]

THEIR SOUND IS GONE OUT.—Dr. T. Addis Emmet says that he has not owned a uterine sound for years and his uterine probe has been disabled for a very long time. Both instruments are useless to him since he has employed bimanual palpation. On this basis it requires one-half less time to treat cases of pelvic inflammation of a non-surgical sort.—*Practitioner and News.*

THE TREATMENT OF UTERINE FIBROIDS.

BY A. H. WRIGHT, M.B., M.R.C.S. ENGLAND.

(Read at Toronto Medical Society, May 12, 1887).

In presenting the subject of the treatment of uterine fibroids (or, more correctly speaking, fibro-miomata) I will relate the histories of a few cases which will illustrate certain points in the treatment of such tumors that I wish to present.

CASE I.—A. B., aged 37, unmarried, living in Colborne, Ontario, went to Toronto in the summer of 1874 to consult Dr. Hodder. She had a large abdominal tumour reaching to a point above umbilicus and well down into pelvis. It had been growing for some years, and caused considerable inconvenience without much pain. Dr. Hodder gave a decided opinion that it was a fibroid tumor of the uterus; that no operation would be of any use; that she would likely live for many years; that apart from the inconvenience before mentioned she might be able to pursue her ordinary avocations without much pain; that it might not grow any larger, and might even become smaller after a time; and that medicines would probably have little effect. He advised a certain course of treatment, giving chiefly bromide of potassium and ergot. I saw her some time after this and made no new suggestions. After an interval of nearly two years I again saw her in the summer of 1877, and found considerable increase in size of tumor, which then reached to a point near the ensiform cartilage. She had failed much in health, was suffering great pain, and had rather profuse uterine hemorrhages. She had been compelled to give up her work as a teacher some time before this, and was, in fact, a confirmed invalid. I never saw her again, but learned that she gradually grew worse and died in about a year.

CASE II.—Mrs. B., aged 47; four children, age of youngest 18; one miscarriage when about 32 years of age, never pregnant afterwards. Saw her in January, 1881. She had had rather profuse menorrhagia for nearly two years, which she attributed to "change of life." Two of the hemorrhages had been very severe and prolonged. Noticed a lump in lower part of ab-

domen about a year before, which was gradually increasing in size. On examination I found she had a large interstitial fibroid. Externally the tumor reached the umbilicus. Health fairly good. Considering age and general condition of system I gave rather a favorable prognosis. I pursued the usual medical treatment for such cases, relying chiefly on ergot or ergotine. The following mixture (as recommended by Goodell) appeared to do most good: Tincture of iron, dilute phosphoric acid, fluid extract of ergot, and tincture of cinnamon, 15 minims of each in water three times a day. She remained in bed during hemorrhages. The hemorrhages grew gradually less frequent and less severe until the year 1885 when she had her last, being then 51 years of age. When I last saw her, in 1886, the tumor was somewhat reduced in size and she was enjoying good health.

CASE III.—C. D., aged 26, seen in March, 1882. Married; one child, aged 2 years. Menstruation nearly normal. Complained of rather vague pelvic pains which had existed for some months. These pains had become suddenly more severe on the day I was called to see her, and were located in lower part of the back and extended from there down the thighs. On examination I found a subperitoneal fibroid, growing from posterior surface of body of uterus, about as large as a small orange. I found the uterus was slightly retroverted, and the small tumor was pressed rather strongly against the anterior surface of the sacrum. I was able, without much trouble, to change position of uterus by pressing upwards the tumor, and the severe pain was at once relieved.

A few weeks afterwards she was again seized with severe pain. I again raised the tumor, giving instant relief. The following day the pain recurred from same cause, and I introduced an Albert Smith pessary, which had the effect of keeping uterus with tumor in good position. The pessary was removed in about three months and never afterwards introduced. In 1883 the symptoms of pressure again appeared and were relieved by pushing up tumor as before. In the meantime the tumor had increased slightly in size, though still not larger than a medium sized orange. After this it never got wedged into pelvis while

patient was under my observation. During the following three years the tumor remained about the same size, and the patient suffered comparatively little inconvenience from its presence; but her knowledge of the condition of things had at times a very bad moral effect. Saw her last in January, 1886. Among the remedies given ergotine pills appeared to have the best effect, in two grain doses, taken twice or three times a day. Did not again become pregnant after birth of her child in 1880.

April 24th.—On day after writing this history saw Mrs. D. She was very well and had been so since her removal to Guelph fifteen months ago. During interval has taken ergotine pills almost constantly, and while she takes them feels no inconvenience from tumor; but says when she omits them for a few days her pains return. As she expresses it, she is "like a toper with his liquor—she can't do without the pills."

CASE IV.—H. M., aged 50 years; two children; age of youngest, 15 years; menorrhagia and metrorrhagia for some months. On examination found interstitial fibroid in right wall of uterus. After trying the effect of medicines it was decided after a prolonged hemorrhage to use the curette. The cervical canal was dilated with a tupelo tent, and the interior of the uterus scraped with Thomas's curette, a considerable amount of fungus granulations being removed. Although antiseptic precautions were adopted, I was humiliated by the result. A sharp attack of cellulitis followed, which ended in the formation of a pelvic abscess. She refused to allow any operative procedure for this, and after a few weeks the abscess opened into the bladder, and the patient had a tedious illness which finally ended in a fair recovery from the pelvic inflammation. She has had a number of hemorrhages since, but they recur at longer intervals and with less severity, and I hope she will soon have passed the menopause.

CASE V.—Mrs. M., aged 40; had 4 children, youngest child aged 9; no miscarriages. Admitted to Toronto General Hospital, May 14th, 1886. Had first noticed a swelling in abdomen two years before. Had pelvic pains and dysmenorrhœa, with slight menorrhagia, for about three years. Had an alarming hemorrhage in

April and another which commenced on May 10th, four days before admission. Flowing continued a week after admission. At the same time she had a continuous rise of temperature, sometimes reaching 105°, great pain in abdomen a rapid and feeble pulse, 100–130, face pale and expression very bad.

She was kept very quiet, took large doses of morphia to relieve pain—ergot and hydrastis Canadensis to check hemorrhage. Had for a time hot douches twice a day.

May 23rd.—Consultation with two members of staff. The general condition was much improved; temperature a little over normal, pulse 90–100. Slight tenderness over tumor, which we thought due to metritis or endometritis. The tumor extended to a point a little above umbilicus, due to fibroids which could not be very definitely located. Sound passed four inches. The majority decided against abdominal section and advised local treatment.

May 25th.—General condition fairly good. I made an intra-uterine application of a weak solution of subsulphate of iron. This was followed by a recurrence of the severe symptoms observed during first week after admission. For three or four days she was so exceedingly ill that we had little hopes of her recovery. There were intense pain, requiring large doses of morphia to mitigate it (we could not entirely control it), high temperature, and rapid pulse, sometimes 140. These symptoms gradually subsided after five or six days. About last of May a hemorrhage commenced which continued about nine days.

June 10th. — Comparatively comfortable, slight rise of temperature, pulse about 100. At a consultation abdominal section was recommended.

June 14th.—Section made; ovaries and tubes removed. Abdominal wound healed without any pus formation. There was, however, during convalescence much pain over uterus, somewhat similar to that in her former attacks but not so severe. She gained strength very slowly. Had one slight hemorrhage, lasting about two days, shortly after operation. About two weeks after operation tumor was considerably decreased in size. No further loss of blood while in hospital. She went out September 1, about two and a half

months after operation, and through a misunderstanding I did not learn where she went, and have heard nothing about her since.

I have selected these cases and given brief histories of them with the hope that they may be of interest, and furnish material which will be well worthy of our consideration. They show how serious some fibroids may be through their effects on their unfortunate possessors; this shows how comparatively innocuous they may be in other cases; and they also show the serious dangers which may arise to such patients through the manipulations of the surgeon.

No. 1 was a case which shows by its naked history probably better than I could explain in any other way the great advances which have been made in the surgical treatment of abdominal tumors. The name of Dr. Hodder furnishes a guarantee that no surgical procedure which had the confidence of the profession would be withheld. His verdict was that which would have been given at that time by the best surgeons in any part of the world. He, however, simply told her something to this effect: "Nothing much can be done for you; we will give you some medicine which may do you some good; rely simply on Providence and a little on our potions; there is some hope that your sufferings may be not quite sufficient to kill you, but time will tell as to that." When I last saw her, in 1877, she made a piteous appeal to me to do something for her. I had not then sufficient knowledge of abdominal surgery, or confidence in its procedures, to advise an operation. I simply gave her a prescription, folded my hands, and let her die. I will refer to this case again.

Case II. is such a one as we frequently meet in practice, and affords an opportunity for discussion of treatment. Some of our modern surgeons consider that abdominal section, with probably a removal of the uterine appendages, is the best plan of treatment in all cases. It is urged that the presence of such tumors is a constant source of a variety of dangers, and that a section with, of course, proper precautions is almost devoid of danger. Statistics are given to prove the latter fact, and certainly show, in the case of such an operator as Lawson Tait, that the rate of mortality is almost nothing. I

have not reached that stage of contempt for the risks connected with the opening of the peritoneum, and, with my present views, shall always consider an abdominal section a very serious operation, not to be undertaken without carefully weighing the matter in all its aspects. I have learned to think, however, that such a procedure involves less danger than some of the plans of treatment which a few years ago were considered comparatively safe. Two of my cases will illustrate this.

My patient was 47 years of age, in easy circumstances, so that she could afford to keep quiet when necessary. Although she had had two rather alarming hemorrhages she was in fairly good health. Her age gave me reason to hope that she would soon pass the menopause. Unfortunately, however, there is always a great element of uncertainty about this. The stimulus afforded by the presence of such a tumor often causes the recurrence of hemorrhages for several years after the average time for the cessation of menstruation, frequently up to the ages of 55 or even 60. I decided, as I usually do in such cases, to try the effect of medicines, with regulation of diet and strict injunctions to remain in the recumbent posture during hemorrhages. The result was, as I have indicated, quite satisfactory, and the patient is now alive and well, not having had any hemorrhage for about two years.

If the result of such treatment had not been favorable I would have advised the removal of the uterine appendages. When these tumors grow slowly there is a strong probability that the fibrous prevails over the muscular element, and in the great majority of cases it has been found that this operation prevents the recurrence of the hemorrhages, and even causes a reduction in the size of the tumors. When, on the other hand, we have what Tait calls the large and rapidly-growing cedematous fibroid, or pure myoma, the removal of the appendages has generally little or no effect. We had, I think, a good example of this variety in the large tumor, weighing 65 pounds, which was recently presented to this society by Dr. Atherton. For such a growth there is probably no remedy excepting its complete removal by the operation of hysterectomy.

In the case of the first patient I have referred to, I think Tait's operation should, with our present lig' ts, have been performed when she was first seen by Dr. Hodder, and if that failed she should have had the benefit of the chances of hysterectomy. I consider the latter operation one of the most serious in the whole range of surgery, but with the brilliant work recently done by Keith, Tait and others before us, it is robbed of many of its terrors. In such cases, if left alone, we can look forward to nothing but confirmed invalidism with inevitable death following, and we are only obeying the general rule of surgery in recommending the only procedure which offers any chance of recovery.

Before leaving Case II. I wish to say something about our choice of remedies. In the first place it is well, of course, to keep up the condition of the patient on general principles. Keep the patient quiet during hemorrhages, and let her be in the open air as much as possible during the intervals. Second—Regulate the diet. Adopt Cutter's plan of excluding as far as possible the carbo-hydrates, starches, sugar, and such fermentable foods, and using as far as possible animal food. Third—Let us rely mainly on ergot or ergotine. Among the vast number of medicines proposed in addition to these I have found none of any value. I generally commence with fluid extract of ergot in 15 minim doses three times a day. In some cases I find ergotine answer better. I have had no extended experience in the hypodermic use of this remedy. It is a very efficacious plan, but rather hard to carry out in private practice. I have tried *hydrastis canadensis*, but with negative results, but it has been so highly recommended recently that I consider it worthy of a further trial.

In Case III. we have an example of a sub-peritoneal fibroid, occurring in a young woman, which has existed several years without giving rise to much inconvenience. And yet that small tumor caused very acute pain on three or four occasions by falling backwards and getting wedged into the lower and back part of the pelvis. The remedy, however, was simple. By pushing it upwards and holding it up for a time with the pessary the pains were removed.

Case IV. illustrates the grave danger which

may arise from manipulations of the uterus. As I have explained, the use of the tent and curette was followed by the formation of a pelvic abscess, which was more dangerous than an abdominal section should have proved. I endeavored to use the proper antiseptic precautions, but perhaps I failed in some particular. I unfortunately don't know how I could have been more careful. It so happens, however, that the use of tents has been followed by serious results in a certain proportion of cases of all who have employed them to any extent. In a similar case I think now that I would rather make the section if medicines had no effect, especially as the scraping of the endometrium is not likely to produce any permanent benefit.

Case V. also illustrates the dangers of local treatment. The patient was in a very serious and alarming condition. The flow was so profuse as to endanger her life. The severe pain arising from some form of inflammation complicated matters. I had serious doubts as to the proper method of treatment, but was inclined to favor an immediate section. I however decided, with the concurrence of others, to make an intra-uterine application. I have told you the result of that. It nearly placed my patient beyond all earthly pains, and that was exactly what I wished to avoid. For the future I will think twice before trying the same plan under similar conditions. As I have told you, the removal of the appendages caused far less constitutional disturbance, and practically effected a cure.

I will refer briefly to some other methods of treating these tumors. Among the most common is the removal of the submucous or interstitial fibroids through the vagina by enucleation. Some years ago I saw many removed by this procedure, in hospital practice, but the results were not very satisfactory. Occasionally a tumor may be enucleated and withdrawn with very little difficulty; frequently the operation is very difficult and dangerous. Under the most favorable circumstances there always remains an element of doubt, because there may be one or more tumors left behind to grow, and thus give rise to a fresh series of alarming symptoms.

The best method of enucleation is probably by means of Thomas's spoon saw. Dr. Thomas, himself, speaks very highly of this instrument; but in the hands of others it has proved neither so efficient nor harmless as in his practice. Dr. Carroll reports three fatal cases from its use in the New York Woman's Hospital. In each of these cases perforation of the uterine walls occurred, causing death by septic peritonitis. I have not used this serrated scoop, nor any of the enucleators or nail-curettes which have been recommended; and, considering the grave dangers connected with their use, as shown by the many fatal results in the hands of the most skilful operators, I am inclined to think I never will.

When, however, a submucous fibroid becomes partially extruded, and thus converted into a polypus, its removal through the vagina becomes, in the majority of cases, a comparatively safe and justifiable operation.

Electrolysis is a method from which much was expected for a time, but the results thus far have been, as far as I can learn, very discouraging. A few successful cures have been reported, but in the hands of some surgeons the patients have derived no benefit from this plan of treatment, and in the practice of Dr. Cutter, of Boston, four deaths resulted from it. In carrying out this treatment the galvanic current is passed into the tumors through steel needle-electrodes.

My chief aim in writing this paper has been to advocate, in the first place, a fair trial of conservative treatment in this class of tumors. Although very common, such growths may cause little or no inconvenience whatever. In rather a large proportion of cases they cause more or less suffering and anæmia. In a very small minority they cause death. Upon the whole, I think they may be considered as comparatively innocent. In consideration of these facts I have put in the plea for the old-fashioned methods of medical treatment as the first that should be resorted to in all cases. As far as my experience goes, these will be sufficient in the great majority of patients thus afflicted.

In some cases, however, as we well know, our best directed efforts in this direction will prove entirely useless, and we are compelled to resort

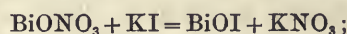
to surgical methods. I have endeavored to show the grave dangers connected with certain procedures, such as curetting, intra uterine applications, enucleation, and electrolysis.

On account of such dangers, I think that when medicinal treatment fails, our best course is to throw aside our conservatism, and proceed at once to the radical operation of laparotomy, with the removal of the appendages, as a rule, or hysterectomy in that small proportion of desperate cases which admit of no other means of relief.

PREPARATION OF BISMUTH SUBIODIDE.

BY L. M. SWEETNAM, M.D.

I have recently received a large number of requests for information regarding the preparation of bismuth subiodide from readers of the PRACTITIONER. To more fully respond to these, and with the hope of inducing others to give this new dressing a trial, I describe below the easiest, and probably the best way, of manufacturing this substance. The formula is:



or, to give the molecular weights:

$$288 + 167 = 353 + 102.$$

That is, 288 grs. of bismuth subnitrate and 167 grs. of potassium iodide produce 353 grs. of bismuth subiodide and 102 grs. of potassium nitrate; or, 3 oz. 2 drs. 4 grs. of bismuth subnitrate and 1 oz. 7 drs. 8 grs. of potassium iodide will produce 4 oz. of bismuth subiodide. To manufacture 4 oz. of bismuth subiodide, 1 oz. 7 drs. 8 grs. of potassium iodide are dissolved in a pint of cold water, 3 oz. 2 drs. 4 grs. of bismuth subnitrate are stirred in, to this are added 2 or 3 drs. of ac. mur. dil. (ac. nit. mur. dil will not answer), and the stirring continued for, say, half an hour; allow the mixture to stand for three or four days, stirring several times each day. You now have a bright red precipitate, bismuth subiodide, in a colorless solution of potassium nitrate; the solution of nitre is carefully decanted and replaced by clean water, the subiodide is then thoroughly stirred up to dissolve out any potassium nitrate, the subiodide having settled to the bottom the

water is poured off and replaced by fresh ; this washing is repeated at least twelve times, as any remaining nitre is apt to give rise to considerable smarting on coming in contact with a recent wound or abrasion. A moderate excess of bismuth will not interfere with the usefulness of the powder in the treatment of wounds or ulcerations ; but if employed in nasal catarrh, the presence of the bismuth subnitrate is apt to cause severe headache. Any excess of iodine will be removed by the washing.

I will deem it a favor if medical men will kindly report to me any cases in which the subiodide has failed to give entire satisfaction, with full particulars as to mode of application and the nature of the cases in which it has been employed.

CASES IN PRACTICE.

BY F. R. ECCLES, M.D., M.R.C.S., ENG., F.R.C.S.,
EDIN., LONDON.

CASE I. Oct. 27, 1885.—Miss H——, 18 years of age, tall and well proportioned, troubled with nocturnal incontinence from a child. The mother said it frequently took place within an hour after going to bed. When a child, she would drop asleep in her lap, and shortly after falling asleep, would wet herself. Knowing that she had been under treatment at various times, I felt convinced that she had taken belladonna before, and therefore had little confidence in the efficacy of that drug in her case. However, giving directions to the patient to take very little fluid of any kind during the afternoon, and to empty the bladder before going to bed, and *to the mother*, to wake her up every night before twelve to again empty the bladder, I commenced with the belladonna treatment, ten drops of the tincture at bedtime—to be increased five drops every night. At the end of a week she was taking forty drops every night, without any effects either physiological or therapeutical. I then ordered her teaspoonful doses of the tincture, to be taken at bedtime as before.

Nov. 16. Finding no physiological effect from a week's continuance, I abandoned the tincture, and commenced with the fluid extract

(Saunders's), five-drop dose, increasing two drops every night up to twelve drops.

Nov. 21. No incontinence for four nights ; still to continue twelve drops every night.

Nov. 30. Incontinence every night since 21st. As there had been no dryness of throat, or dimness of vision, the belladonna was ordered to be gradually increased, until some slight toxic effect was produced.

Dec. 12. Taking fifteen-drop doses.

Dec. 15. Eighteen-drop doses, with a diminution in the frequency of the nocturnal incontinence, but no dryness of the throat or interference with the vision.

Jan. 18, 1886. Patient now taking twenty-six drops every night—slight dilatation of pupil noticed, but not enough to interfere with vision or make patient complain—no incontinence since January 1st.

Feb. 8. The mother reports that she is practically cured, and says also that the medicine has become very repulsive to her, and that she absolutely refuses to take any more.

March 4. Incontinence returned, and the patient was pressed to resume the medicine again, from fifteen to twenty-five drops at bedtime.

April 22. No incontinence since, and as patient very much disliked the medicine, she discontinued it of her own accord.

June 19. Only once since April 22.

Aug. 7. Entirely free from the incontinence up to August 1st, since which she has twice soiled the bed—belladonna again resumed in twelve-drop doses to be gradually increased to twenty drops. In a few days the twenty-drop dose so affected her that the dose had to be lessened to sixteen drops. She had dimness of vision and dryness of the throat to a marked extent. Also complained that the medicine made her sick and sleepy.

Sept. 20. No incontinence since August 7th, but on account of her great objection to the belladonna, I changed it to atropia, one-thirtieth of a grain, and continued this for one month, at the expiration of which all treatment ceased. It is now seven months since she had any belladonna and there has been no return of the incontinence. She is in fact entirely well and free from an affliction which lasted for twelve or thirteen years. The interest and peculiarity

of the case are centred in the large doses required to produce the physiological effect of the drug; and the necessity for a long continuance of the remedy before the patient was completely cured.

CASE II. Nov. 15, 1886.—Case I. came under my care a second time. Ten days previous to this date she was in the bloom of health, full face, rosy lips and cheeks, in fact in every way the picture of health. Having had the opportunity of frequently seeing her from October 1885 to September 1886 (as it was during that time she was under treatment for the incontinence), I was much surprised to see my old patient profoundly anæmic. No history of hemorrhage of any kind from the bowels, uterus or other organs. Menstruated on the 11th and had just ceased. Her mother stated that the discharge was scanty, watery and almost colorless, and entirely different from any previous menstrual period. She complained of pain and distress in the head. "I feel as if a wheel were going around in my head," she said. The mother said she inhaled vitalized air to prevent pain during the extraction of a tooth and that she never got completely under its influence. Next morning she noticed the pallor, but thought it was probably due to the painful condition of the jaw. After the pain and swelling had subsided, the pallor still remained and the mother brought her to me, just ten days after the administration of the nitrous oxide. My first impression was, that it was possibly the result of the prolonged administration of such large doses of belladonna; but upon referring to my notes, the large doses ceased nearly two months previous. I mentioned to the mother the nitrous oxide as a possible cause. She has been taking various preparations of iron and arsenic ever since, with considerable improvement, but she is by no means well yet. Her menstruation is regular, but quantity and quality are far below the normal.

Five days after (Nov. 20th) I was called to see Eva W—, a housemaid, under almost precisely similar circumstances and with almost the same symptoms. She was a country girl eighteen years of age, and had been with her employer since September, and never complained of any symptoms of weakness. The

house was a four-story one, and she thought nothing of running up the four flights. During the two months previous to this I frequently saw her (not professionally) at the house, and knew that she was anything but anæmic. She said she took vitalized air two weeks ago, and never felt well since the tooth was extracted. There was but little pain or swelling in the jaw afterwards. She complained of being unable to do her work—cannot go up one flight of stairs without producing dizziness, shortness of breath, and palpitation of the heart. She is exceedingly pallid, the lips are devoid of their rosy hue, and the pulse frequent and weak. A marked case of anæmia. My previous suspicions in the first case were now confirmed, and I had no hesitation in charging the nitrous oxide as being the direct cause of the anæmia in both cases. A few days ago I met at Forest Dr. Ovens and Mr. Rosenberry, the resident dentist, to whom I mentioned the cases, and they immediately cited two other cases that had come under their observation, the particulars of which I expect soon to get. In each of these two cases I have reported, the anæmia was so sudden and pronounced, that it might be compared to those rare cases of anæmia, which have been produced by nervous shock, such as sudden fright or overwhelming influence of great grief and where the prime cause was the profound impression made upon the nervous centres, which either results in the immediate destruction of hosts of red corpuscles, or the more or less effectual stoppage of blood formation, or a combination of both. Cases of *sudden anæmia* from nervous shock have been reported, but I am not aware of the report of any case of which nitrous oxide was the cause. It is a well known fact that certain poisons produce anæmia, such as malaria, syphilis, lead, accumulation of waste products in the system, as in gout, lithæmia, etc., but here the change is comparatively slow and probably direct, affecting the vitality of the cell. One may seek for explanation in the manner in which the anæsthesia is brought about by nitrous oxide—rapid venosity of the blood, thereby affecting the nerve cells. The venous condition of the blood counteracts any tendency to stoppage of the heart through the inhibitory action of the

pneumogastric, and this is one of the reasons why nitrous oxide for minor operations is looked upon as being much less dangerous than either chloroform or ether; but if infrequent cases of anæmia do occur, it may more than counterbalance its comparative safety, and raise serious objections to its use.

Close observation and careful inquiry in all cases of anæmia, will, I feel confident, elicit more information on this subject.

A CASE OF ARTHRITIS DEFORMANS SUCCESSFULLY TREATED WITH ARSENIC.

BY A. F. M'KENZIE, M.B. TOR. UNIV., BELGRAVE, ONT.

(Read before the Huron Medical Association, April, 1887.)

The treatment of rheumatoid arthritis, rheumatic gout, or, as it is perhaps more suitably called, arthritis deformans, from the great alteration which the disease produces in the size and shape of the joints, is, as a rule, so unsatisfactory that the following case is of interest:

Mrs. W——, aged 60, had been healthy until six years ago, when she began to have rheumatic pains in the joints. Five years ago was on crutches for two months, from lameness in the right leg. She then got better; and was tolerably well until about three years ago, when she began to suffer from shooting pains down the spine and into the left leg, which was œdematous throughout its whole extent, and the knee of which was inflamed. At this time, she says, she had no fever, nor did she feel sick—excepting what sickness might be expected from the severe pain, which gradually increased until she was confined to bed most of the time.

About two years ago she came under the care of a physician who diagnosed her disease as chronic spinal meningitis, and put her on iodide of potash, which she took for some two or three months with benefit, and so far improved that she could walk around with some degree of comfort on crutches. On discontinuing the iodide, however, she relapsed into her former condition.

She came under my observation last July, when I found her lying in bed, unable to turn without help, and suffering great pain. The

pains were principally of a neuralgic character, and would very often awaken her from her sleep and make her cry out. Temperature and pulse were normal. The left knee was fully an inch larger than the right in circumference. The heads of the tibia and fibula, and the lower extremity of the femur, could be felt enlarged and nodulated; and on placing the hand over the knee a crackling sensation could be felt. The left hip-joint felt larger than the right. The leg was not œdematous at this time. The third metacarpo-phalangeal joint of left hand and the right ankle were enlarged and painful. About the middle of the dorsal vertebræ there was a painful, tender spot, from which proceeded severe neuralgic pains. Her general health was very good apart from what might be expected from loss of sleep, etc. I diagnosed the case as being one of arthritis deformans, and put the patient on liq. arsenicalis, in five minim doses, three times a day after meals, in water, the dose to be gradually increased until the physiological effects of the drug were felt. In this way the dose was increased to \mathfrak{m} viii. three times a day. Fly blisters were applied to the joints and to the painful spot in the spine. After the blisters healed, flannels wrung out of warm solution of pot. carb. were applied to the joints.

For the first couple of weeks patient thought she was a little worse; but after that she commenced to improve, and on October 30th, about three months after the commencement of the administration of arsenic, she was able to walk up a flight of stairs with the aid of a stick, and expressed herself as feeling much better than she had been since the commencement of her illness. Iodide of potash, in two and a half grain doses, and a bitter tonic, were now added to the liq. arsenicalis. On December 30th, five months after commencement of treatment, patient walked up-stairs into my office without the aid of any stick, although she still complained of some stiffness in the joints, especially after sitting some time. As the patient was now tired of taking medicine, and as I considered her practically cured, she discontinued treatment. Up to the present the patient has remained in good health, and the disease has manifested no signs of returning.

With regard to the use of arsenic in this troublesome affection, I believe that Fuller was one of the first to employ it, and he had such good success from its use that he says no case of rheumatic gout should be considered incurable in which arsenic has not been tried.

Ringer says that the indications for its employment in this troublesome disease are unknown; that in cases apparently identical it sometimes fails and sometimes cures, and that its effects are sometimes astonishing—stiffened joints, for a long time considerably enlarged, becoming reduced to their natural size and regaining their suppleness. Large doses are necessary, given for a considerable time; and, it must be borne in mind, that if improvement does not speedily ensue, it must not, therefore, be concluded that the medicine will fail.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

CALOMEL AS A DIURETIC IN HEART DISEASE.

BY DR. E. BIRÓ, BUDA-PESTH.

The author experimented with calomel in the following diseases:—Nine cases of heart disease, two of emphysema, three pleuritic exudation, four interstitial hepatitis, six nephritis. Out of the nine cases of heart disease calomel failed only once to give benefit, and in this case it was tried several times; but in the other eight cases the results were completely satisfactory. In a case of bicuspid insufficiency and mitral stenosis in a laborer aged 47 years, the quantity of urine was increased from 800 to 6,800 c.cm. on the fifth day of the calomel treatment. His experiments with calomel convinced Dr. Biró that the production of diuresis in heart disease is quite easy, although one must expect also many unpleasant accompanying symptoms, as stomatitis—which always occurs—and also colicky pains and diarrhoea. These disadvantages, however, are but of little importance in consideration of the very excellent effects of the remedy, for patients who

have once experienced its action on themselves implore a repetition of the treatment on a return of the dropsy. Its action, however, is not so favorable in other diseases accompanied by dropsy.

In the eight cases of heart disease the diuresis began on the third–fourth day of continuous treatment, on the fourth–fifth day the urine increased very greatly, and reached its maximum on the fifth to the seventh day, and then it gradually diminished again to the normal daily quantity. The degree of the diuresis depends upon the extent of the dropsy; in the first patient, in whom the dropsy was excessive at the beginning, the daily excretion arose from 800 to 6,800 c.cm.; but in the other cases of heart disease the maximum was 5,100 c.cm.

In a case of emphysema in a woman aged 37 years, when the dropsy was not excessive, the calomel here also proved itself of value. The daily quantity of urine, which here varied from 400 to 700 c.cm., was decreased on the second day to 1,500 c.cm., and on the third day to 2,600 c.cm. After this, however, it decreased again to 1,600, and for the next three days was only 1,000 c.cm. Stomatitis presented itself on the first day, and it was in every case a constant accompaniment to the diuresis. Biró also could observe no influence on the heart's action from the calomel or the increased diuresis; but, if it was necessary, he would resort to digitalis. The calomel was ordered with pulv. jalapæ in doses of 20 c.cm. (3 grains), three times a day for three or four days. In no case was it necessary to reduce the dose. A solution of potassium chlorate was used to mitigate the stomatitis, and for the colic pains and diarrhoea one ccm. of opium. This treatment relieved the above symptoms without in any way affecting the action of the calomel.—*Pester Med Chir. Presse.*

G. R. McD.

THE RELATIVE SMARTNESS OF DOCTORS' CHILDREN.—Galton has pointed out some very curious facts concerning the children of professional men. He found, from a study of the heredity of the members of some of the largest scientific societies of London, that the legal profession presented the most eminent men and the fewest idiots. The medical profession

came next; and lastly clergymen, who produced the smallest number of eminent men and the largest number of idiots and feeble-minded. The lawyers gave origin to six times as many more eminent men as the clergy. The clergy gave origin to six times as many more idiots and feeble-minded as the lawyers.—*N. Y. Med. Record.*

IODOFORM IN THE TREATMENT OF GONORRHOEA.

In an interesting communication to *Le Progrès Médical*, M. Thiéry extols in high terms the use of iodoform in the abortive treatment of gonorrhœa. He states that he feels a certain timidity in presenting a new therapeutical agent for this most troublesome disease after so many others have been tried, accepted, and rejected; and yet, impressed with the fact—based upon researches of Neisser and others—of the microbian origin of the disease, he was surprised that among all the antiseptics employed, such as corrosive sublimate, carbolic acid, boracic acid, resorcin, etc., iodoform should not have been included,—an antiseptic used daily in the practice of surgery.

Corrosive sublimate coagulates the albuminoids, forms non-antiseptic bases with them, and thus exerts but a passing and superficial influence upon the germs. Nitrate of silver acts upon the microbes, but at the same time seriously affects the mucous membrane. Iodoform, besides its antiseptic value, is readily absorbed wherever the mucous membrane is denuded, and is also decidedly analgesic,—two important qualities which adapt it specially to the treatment of gonorrhœa. Its odor can easily be disguised by a little oil of eucalyptus, vanilline, etc.

The purpose of the abortive treatment of gonorrhœa at the present time is to destroy the gonococcus. This accomplished, the inflammation will readily subside with appropriate measures. In an examination of thirty-eight cases it was found that in the pus passed during the period from the first to the fifth day the gonococci were comparatively few in number. They increased from the fifth to the fifteenth day. The maximum was attained from the eighth to

the tenth day, while after the fifteenth they began rapidly to decline, sometimes remaining, however, as late as the end of the third week. These figures are important as showing the most favorable time for the use of the antiseptic injection. Antisepsis will be best accomplished during the first four days.

M. Thiéry reports six cases treated with the iodoform injection with the most gratifying results. In his *résumé* he states that as to iodoform-intoxication it seems impossible. In the employment of iodoform alone, its elimination can easily be verified by an examination of the urine. In one case only did the patient complain of the taste of iodine in the mouth. Its presence in the saliva could never be detected by means of the test. In its use there were no other uncomfortable sensations, and yet as many as twenty-nine injections had been given in a period of twenty-eight days. On the other hand, its action is safe, rapid, and positive, the microbes quickly disappearing, sometimes being entirely absent by the eighth day.

As failure in the treatment of gonorrhœa occurs usually on account of the patient's ignorance in managing the injection, M. Thiéry recommends that the physician always attend to this part of the treatment himself. He uses as the injected material iodoform *porphyrized* as completely as possible, and simply suspended in the oil of sweet almonds. Before making the injection, the urethra should be gently washed out, to remove as much of the pus as possible. Micturition just before the injection is the best means of accomplishing this result and avoiding any backward flow of the pus into the bladder. The olive-shaped nozzle of the syringe should be introduced just within the meatus. About two grammes of the liquid is then thrown into the urethra, and retained there by the patient holding his finger over the meatus for about twenty minutes. A strict and temperate diet should be used during the period of the injections.—*Med. Times.*

MARTINEAU'S REMEDY FOR DIABETES, to which we have already referred, is prepared as follows: Carbonate of lithium, 3 grains; arseniate of sodium, $\frac{1}{2}$ grain; carbonic-acid water, 2 pints. Effect the solution under pressure.

The effervescing liquid is to be drunk at meals, mixed with claret, and the foregoing dose is to last for at least three meals—being taken at the two principal meals of the day customary in Paris. No change of diet is necessary.—*N. Y. Med. Record.*

WHEN IS THE PROPER TIME TO GIVE MEDICINES.

Prof. G. Sée made some practical remarks at his clinic to-day that are quite different in some respects from the teachings of the books, and also from custom; but, as they are the results of his nearly forty years' experience in hospitals, they can be followed with certainty. "When is the exact moment to give drugs so that the system will best accept them? There are a few that may be given any time you like, but these are the exception."

Cod-Liver Oil.—"What causes absorption of this oil? The action of the pancreatic and hepatic secretions. Given fasting, it will most likely cause vomiting, as the juices are not present; for secretion only commences when there is something in the stomach. Children take it well, and the reason is that in them the sense of taste is imperfect. It must be given, then, so that it will pass quickly on to where it can meet the pancreatic juice: so give it *at meals, just after taking soup*; and it can also, curious to say, be well digested without any 'returns,' if taken the last thing at night on going to bed. Cod liver oil contains fatty acids, more so than any other oil, and absorption proceeds better with it, as an emulsion is not so much needed as in other oils."

Emetics.—"When the intention is to have only mucus vomited, give these fasting; but in indigestion, etc., exhibit *after eating*, so that there will be something to vomit."

Purgatives.—"Here there must be a division. Carlsbad, Hunyadi János, and such like purgative waters should be given at once on rising, and always in *hot water*, to precipitate the elements; if given cold they are often vomited. Magnesia salts, on the other hand, require time, and should be taken at night. Next we come to purgatives that must *never be given fasting*: these are the drastics, such as jalap,

aloes, etc." (Here Dr. Sée tells a funny story of his young days, when patients were few and far between, and he got one to whom he ordered a compound aloes pill, with other things, and ordered it to be taken before each meal, with a result that the unfortunate patient had a vomiting-fit each time, and sent at once for the doctor's bill and requested him not to call any more.) "These, then, should be given 'in the middle of a meal;' don't say *during*, for, like *before* a meal, many people want to know the exact moment, and don't understand if you mean an hour before meals or at meals: so be very precise."

Minerals Waters.—Dr. Sée condemns the usual custom of putting these into the wine which is drunk at table, and he says they spoil both the wine and the digestion. He calls attention to the fact that at Vichy, and all the mineral water stations, the water is always given fasting and some time before a meal. The object being to increase the secretion of the gastric juice, they must be given before meals,—and not just before, but *at least half an hour before*. Vichy, administered in this way, gives better results than when it is used to turn red wine into a sort of ink.

Bitters, cinchona wines, etc., are what are called tonics, on account of the tannin that exists in them: these and acids should be taken *just at dessert*, when the meal is almost over; certainly never before meals.

Iron.—It will precipitate the gastric juice taken before meals, therefore take it when there is something in the stomach to prevent this. It is not known how it gets into the circulation, because it is not seen to go out. In any case, give it *with meals*.

Pepsine.—In supposing that there is some virtue in pepsine, which has not been proved, it should be given just at the end of a meal to assist the digestion of it.—*Med. Times.*

Dr. Grawitz, assistant to Prof. Virchow, states that trichina spiralis has been found in as many as one-third of the cases of so-called muscular rheumatism, which have been examined *post-mortem*.—*South-Western Medical Gazette.*

ADONIS VERNALIS IN HEART DISEASE.

Dr. J. G. Herrmann, of St. Louis, writes us that he has recently had considerable experience with the use of adonis vernalis in cardiac affections. He believes that his experience, which has extended over ten months, warrants his statement that, while free from the evil effects of digitalis, infusions of adonis vernalis are quite as efficacious as that drug. He prescribes it in the form of an infusion, of the strength of three drachms of the herb to six ounces. Of this he gives a tablespoonful every two hours. He refers to several cases in which this drug proved successful even after digitalis had failed. One was a case in which the feet were highly œdematous, and there was general anasarca from heart-lesion. In two weeks of treatment with the infusion of adonis vernalis every two hours, in tablespoonful doses, almost perfect relief was secured. So also he states that he has caused great relief to a case of ascites, produced through heart disease. He noticed that it increased the fulness of the pulse and strengthened the cardiac pulsation. In asthma also he has combined it with quebracho with very satisfactory results.

The following are some of the prescriptions which he has employed:—

R Fl. ext. adonis vernalis.

Sig.—From two to six drops, as necessary.

R Fl. ext. adon. vernal. f 3 ss

Syr. menth. pip. 3 vi

Combined, as desired sometimes, with brom. sodium and tr. opii camph. :

Sig.—3i to 3i every two hours daily.

In asthma :

R Fl. ext. adonis vernalis 3 ss

Fl. ext. quebracho 3 ii

Tr. opii camph. 3 ii

Syr. menth. pip. 3 vi M.

Sig.—3i every two hours.

—*The Med. Summary.*

DR. LAUDER BRUNTON AND HOMŒOPATHY.—Faithful to his promise, Dr. Brunton has taken advantage of the opportunity afforded him by the appearance of the third edition of his work on Pharmacology, Therapeutics, and Materia

Medica, to repudiate the charge which interested parties have brought against him of having appropriated homœopathic remedies (?) without so much as a word of acknowledgment. He points out that homœopathy consists, not in the possession of this or that medicinal agent, but in the principle upon which it is used. The mere fact that certain drugs were or were not first employed by men professing to practice on homœopathic principles is altogether irrelevant, and beside the point. Just as homœopaths can prescribe mercury or opium in homœopathic doses and in accordance with Hahnemann's formula, so an ordinary practitioner can employ actæa racemosa or any other drug upon which homœopaths pride themselves without rendering himself amenable to the charge of trespassing on reserved ground. The essence of homœopathy as established by Hahnemann, says Dr. Brunton, lies in the infinitesimal dosage and the universal application of the rule *similia similibus curantur*. It is the falsity of the claim which homœopathy makes, to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery.—*Medical Press and Circular.*

PROPHYLACTIC MEASURES OF DISINFECTION TO BE USED IN CASES OF INFECTIOUS DISEASE.

—(*Arch. f. K.* [abstracted], Bd. viii. H. 1.)—

This paper embodies the report of a commission composed of MM. Dellataille Jorissenne, Romiée, and Putseys. The report contains statements concerning the mortality in Holland since 1872, when the law which pertains to infectious diseases went into force. The bearing of this law was with respect to isolation and disinfection. Since it went into effect there has been a diminution in the number of deaths from typhoid fever, smallpox, scarlet fever, measles, and diphtheria; but not from croup and whooping-cough.

Among the rich, isolation can be readily effected; but among the laboring classes and the very poor its accomplishment is difficult; therefore there should be for them houses of isolation and hospitals where they can obtain the necessary care and medical aid. With regard to the avoidance of infection in asylums

for little children, every institution of that character should have an isolating-room, into which every child should be brought who showed the slightest symptoms of infectious disease, and should be kept there under medical supervision until the disease is developed; then he should be transferred to a hospital.

As to avoidance of infection at school, no child who has passed through an infectious disease should be allowed to return to school again until a certificate is given by the physician that all danger of infection is over, and that the child's dwelling and clothing have been properly disinfected. Blanks are given to the school-children, which are to be filled out and returned whenever an infectious disease appears in their own families or in the families of those who may be living in the same house with them. Other blanks contain lists of both the well and the sick children in a family, and the school which each attends. The local authorities have the right to insist upon the proper disinfection of a house, furniture, clothing, etc., after they have been exposed to the influence of infectious diseases.

The best way to disinfect the house is by washing the walls, base-boards, and furniture with a 1-1000 solution of sublimate, and then with water and soap. Afterwards it should be freely ventilated. The best means for disinfecting beds, clothing, etc., is heat; the articles should be subjected for a long time to a temperature of 100° to 140° C. The sick-room should be thoroughly ventilated, and towels, bed-linen, etc., washed in a 1-2000 solution of sublimate before they are used again. Waggon's of transportation should also be disinfected after each time of use. All attendants should wash hands, nails, beard, and hair with a five-per-cent. solution of carbolic acid, or a 1-2000 solution of sublimate. Food should not be kept in a sick room.—*Archives of Pediatrics.*

HICCOUGH DUE TO NEEDLES IN THE STOMACH.
—M. Liégevis reports a case of obstinate hiccough that proved rebellious to all remedies during twenty-four days. During sleep under hypnosis the hiccough ceased, to begin again on awakening. After some days it stopped for awhile, but would return when the female became

angry or partook of food or drink. Some months later an abscess formed at the right of the epigastric hollow and gave issue to a needle—eight more were extracted, and the hiccough ceased finally. The patient pretended ignorance of the manner in which the needles got there.—*Lyon Medical.*

SEXUAL STARVATION.—Very many of the morbid conditions affecting the sexual apparatus are due to reflex sexual irritation through the medium of the mind. Very often the patient reads a great deal of literature of a more or less stimulating nature, or allows his mind to dwell upon sexual affairs, and as a consequence the sexual organs are never at rest. I suppose, moreover, that every unmarried man suffers more or less from sexual starvation. The male sex has no monopoly in this respect, for unmarried women suffer from the same difficulty. Only a few days ago a young lady consulted me for this trouble. She informed me that she was annoyed continually by extreme sexual desire, or as she expressed it, "excitement." The young lady was intelligent, well educated and refined, and was aware that she had some obscure trouble of the uterus, which might account for her ailment. She was averse to an examination, but I concluded inferentially that she had some inflammatory affection of the uterus or ovaries which was causing reflex excitement or sexual hyperæsthesia. She stated that she was greatly annoyed by peculiar, quivering sensations about the uterus, attended by emissions of a fluid of some kind, and occurring daily. You are probably aware of the physiological fact that women do not have emissions during intercourse; what they really have is an excessive secretion of the mucus which normally lubricates the genital tract, and this mucus constituted the "emission" in this instance. I mention this case simply to demonstrate to you the fact that it is not alone the male sex which suffers from sexual starvation, though women are not so liable to understand the true situation as men. A great many females know that there is something the matter with them, but they do not ascribe the trouble to its real source, which is no more nor less than sexual starvation. Hysteria, melan-

cholia, hypochondria, and a great many other nervous conditions in women, may result reflexly from irritation of the sexual apparatus, and irritation of the uterus and ovaries may result from the instinctive physiological craving with which every woman, however pure, is endowed. It may not be recognized, but the necessity for a proper performance of sexual function exists in every adult human being. No man or woman at adult age is in a perfectly physiological condition until the sexual function is naturally and regularly performed. It is not merely the sexual act, viz., the orgasm and discharge of semen in the male, or the orgasm and reception in the female, that is essential to the relief of this condition, which has been termed "sexual starvation," but there should rightfully be a physiological purpose in the performance of the procreative function, and this is never accomplished except in the matrimonial state. The sexual appetite of the average man, after two or three years of married life, becomes less active, and, after awhile, he ceases to think of his sexual organs to any great extent; in fact, he does not usually concern himself any more than he worries about the function of his bowels or bladder, hence he lives contentedly, as far as his sexual organs are concerned, and performs his family duties in very much the same perfunctory fashion that he goes to stool.—*Dr. Lydston, in Medical and Surgical Reporter.*

THE AVERAGE INCOME OF THE FAMILY DOCTOR.—The average income of the family doctor in England, according to estimates made by Dr. E. Paget Thurstan in *The Lancet*, is £625, or \$3,225. Deducting the average working expenses and the interest on capital sunk, the average net income is estimated at \$1,775. If there be included all the physicians having only salaries, as assistants, etc., or having no practice, the average net income is placed at about \$1,000. An average gross income of \$3,225 is very much beyond that by American physicians, if we include the younger men who are still striving to establish a practice. This is the natural result of the fact that we have twice as many doctors proportionately as there are in England. We have to divide the fees.—*N. Y. Med. Record.*

EUCALYPTOL INJECTIONS IN PHTHISIS.—At a meeting of the Académie de Médecine, March 22, 1887, Ball gives his results of the new treatment of pulmonary phthisis with hypodermic injections of eucalyptol, first established by Roussel. Out of twenty-one patients submitted to that treatment, six have died, ten have improved and left the hospital, five are still under treatment. He thinks the remedy acts upon the septic matter of phthisis, lessens the sweats, the diarrhoea, the expectoration, and the fever. The solution used is 1 to 4. Dose, 15 to 20 minims.—*Progres Medical.—Med. Gazette.*

TREATMENT OF DYSENTERY.—In a correspondence from Bombay, Dr. C. MacDowall, physician in the British army of East India, speaks with great enthusiasm of the treatment of dysentery by ipecacuanha. Like other friends of this treatment, such as Docker, Ewart, Cunningham, Malun, etc., he says that it is almost a specific, renders the disease easy to cure, and prevents the complication most feared, i. e., hepatic suppuration. But he emphasizes, particularly, "that the remedy be given early in the disease, at the proper time and in the proper manner." The principles of the treatment are:

1. To give a large dose of ipecac, at least 30 grains, for an adult.
2. To prepare the stomach to accept and retain such a large dose by about twenty drops of iaudanum an hour before giving the ipecac; also the application of a sinapism over the stomach; and to administer the ipecac in the form of large pills, not in solution. It must also be given at night, at the time of going to sleep, never in the morning, and not during the day, and no liquid is to be taken after the dose has been given.

Sometimes the patient vomits a little mucus towards the morning hours, but the greater portion of the remedy has by that time been absorbed. This treatment must be renewed every night, and usually the improvement is marked by the third morning, or sooner; blood, mucus, pain, all three having disappeared. A disease which formerly made us despair now has lost its terror to us.

The opium may be substituted by a hypoder-

mic injection of morphia. Bismuth subnitrat. may be given during the day. Small doses of ipecac are more than useless; they have been tried in India for over two centuries without lessening the mortality in dysentery. Since more than twenty years the above has been adopted as almost the only treatment in British India and has given the best results.—*Progres Medical.—Med. Gazette.*

THE CARE OF THE SUBSCAPULAR NERVES IN REMOVING ENLARGED GLANDS FROM THE AXILLA.—Prof. Kuster directs attention to the fact that in cleaning out the axilla after extirpating a cancerous breast, great care should be taken not to injure the subscapular nerves supplying the subscapular muscle, the teres major and the latissimus dorsi. He had seen cases where the nerves were injured, in which the movements of the arm were so restricted that the patient was unable to fasten her clothing. Since he has paid proper attention to the protection of these nerves he had not seen such results following the operation.—*Centralblatt für Chirurgie.—Practitioner and News.*

ICE OR HOT WATER IN UTERINE HEMORRHAGE?—In a case of post-partum hemorrhage, which occurred recently at the Philadelphia Hospital, the resident physician, after vainly using vinegar and then introducing a lump of ice into the uterus, stopped the flow by intrauterine injections of hot water. The patient got on well until the third day, when septicæmia was manifested, the disease happily yielding to intrauterine injections of corrosive sublimate, as indeed most cases of this disorder in the puerperium do when these injections are properly used. But the question naturally arises as to the origin of this isolated and single case of the disease. Considering the very remarkable results obtained by Prudden, stated in a recent number of the *Medical News*, as to the enormous number of living bacteria found in the ice supplied to many of the citizens of New York, often from twenty to fifty thousand in a cubic centimetre, and with the probability that some of the Philadelphia ice is no better, it does not seem impossible that the disease was conveyed to the patient by the ice which was put into the uterus.

The choice between ice and hot water for the arrest of post-partum hemorrhage ought not to be doubtful, for most assuredly the latter is more certain in its action, and does not produce the depression that follows the application of cold. But if it is possible that septic infection may be conveyed by the introduction of ice into the uterus, we have a still stronger argument against its employment.—*Medical News.*

A recent Australian legal decision is of considerable pharmaceutical interest. A veterinarian prescribed "phenyle" (a patent preparation) as an ingredient in an ointment intended for the treatment of a dog. The pharmacist took this to mean phenol. The dog died from convulsions. The veterinarian was sued by the owner of the dog, who recovered damages. The judge held that the mere fact that a prescription was so carelessly written that a mistake could take place made the prescriber liable. When a drug lot in the Pharmacopœia was prescribed nothing must be assumed, but it must be described in such a way that no pharmacist can misunderstand the meaning. This case, when not interfered with by special legislation, holds good as a precedent in all English-speaking countries. Under the spirit of this decision the physician is liable for carelessly written prescriptions, and particularly so when preparations not in the Pharmacopœia are designated.—*Western Druggist.*

They had joined the ladies after dinner and the conversation had turned to matters dramatic and thence to disturbances during a performance. "Do you know," said the hostess, "I think children at the theatre are a nuisance. I was at Wallack's the other night and a woman had a baby in the parquette—" Just then the sleepy one in the corner woke up and exclaimed: "Dear me, how awfully embarrassing; but I suppose there was a doctor there."—*Pacific Record.*

UNUSUAL CONSTIPATION.—Two cases were recently reported at the Louisville Clinical Society—one a young lady, who from girlhood had had a stool but once a month; and a second lady who had an action from the bowels only when she menstruated.—*Practice.*

Therapeutical Notes.

ANTIPYRIN FOR HEADACHE.—Various kinds of headache were promptly relieved at their onset by fifteen grain doses of antipyrin, in the hands of Dr. John Blake White, of New York. — *Med. Times*.

FOR NEURALGIA.—

R Coniini hydrobromat 0.10
Aq. naphæ 10.0

Take three to five drops three times a day. — *Centralblatt für Therapie*.

The best treatment for a bunion, in Prof. Gross' opinion, is the following: The patient should wear a broad boot, apply a blister to the bunion, remove the skin, and then freely apply a mixture of cosmoline and tannic acid, equal parts. — *The Med. Summary*.

OINTMENT FOR DRESSING.—

R Iodoformi 2.5
Ol. eucalypti 20.0
Paraffini
Vaseline āā 50.0

— *Centralblatt für Therapie*.

ANAPHRODISIAC EFFECTS OF COFFEE.—Dupuy has observed the frequent occurrence of impotence in those who drink large quantities of strong coffee (five to six glasses daily), and has noted a return of virile power on abstaining from coffee, with reappearance of impotence on its resumption. — *Med. Chronicle*.

TO STOP TOOTHACHE.—A small quantity of the following mixture, introduced on a small piece of raw cotton into the tooth cavity, is said to be effective:—

R Camphoræ
Choral hydrat. āā gr. lxxv.
Cocain. muriat. gr. xv. M.

— *Coll. and Clin. Record*.

ANTISEPTIC MOUTH WASH.—

R Sodæ biboratis, 1 gramme;
Thymol, 0.50 grammes;
Aqua destill., 300 grammes. Ft. Sol.

This preparation is said to be an excellent

corrective for fœtid breath, when it proceeds from decaying matter in carious teeth, etc. — Magilot, in *Gazette Hebdomadaire*. — *Medical Press and Circular*.

STYES.—Styes are such troublesome little ailments that the following remedy for their cure, recommended by M. Abadil, may be welcome:

R Acidi boracis, 10 grammes;
Aquæ dest., 300 grammes. Dissolve.

With a wetted piece of wadding drop some of this solution on the styte several times a day. It is said not only to effect a cure, but to prevent a return of the annoyance.

TREATMENT OF WHOOPING-COUGH BY ANTI-PYRIN.—Sonnenberg (*Deut. Med. Woch.*) recommends antipyrin as the best remedy in whooping-cough. He has used it in seventy cases, and asserts that it surpasses in efficacy and utility all other remedies. He gives one-seventh of a grain to very young children; and gradually increases the dose according to the age of the child. To adults he gives fifteen grains. The medicine is administered three times daily, and sometimes once during the night. — *Medical Chronicle*.

SOOTHING MIXTURE FOR CONSUMPTION.—

R Syrup liquorice root ʒj
Aromatic syrup rhubarb ʒ ss
Fluid extract of opium ʒj
Liquor ammon. acetat. ʒ v M.

Sig.—Shake well. Dose.—A tablespoonful every two or three hours.

Patients become very fond of this mixture, and it in no wise interferes with the stomach or appetite. Should constipation ensue, it is easily overcome by an occasional dose of comp. liquorice powder. — J. B. Johnson, in *Medical and Surgical Reporter*.

ALOPECIA AREATA.—Schachmann (*Annales de Derm. et Syph.*) advocates strongly the treatment adopted by Vidal in this affection. A vesicatory is applied as large as the patch itself, and kept on until the formation of blisters. The skin is then removed, and the wound dressed in the ordinary way. Generally, about

the end of three days the skin is dry, and a new blister must then be applied. This is to be repeated three, four, six, or even ten times, until coloured hair begins to grow. The rest of the head is in the meantime rubbed, morning and evening, with the following lotion:—

R. Essentiæ terebinthinæ..... 2 oz.
 Ammonia..... 1½ oz.
 Aquæ..... 10 oz.

The procedure is certainly rather severe, but seems, from the cases which he details, to be effectual, and more rapid than those usually adopted.—*Medical Chronicle*.

IODOL.—Seifert (*Münch. Med. Woch.*) advocates the insufflation of iodol several times daily in tubercular ulcerations of the larynx. From the cases he records, however, it does not appear that the use of this drug leads to more than temporary improvement of the local condition. He states that he succeeded several times in healing up tubercular ulcerations of the larynx, but his cases eventually died from advance of the lung disease. He has also employed iodol successfully in syphilitic ulcerations of the nasal cavity. To a case of struma hyperplastica he gave seven grains of iodol daily in pills, on the fourth day iodine was found in the urine. He himself took a dose of seven grains, and it produced no digestive troubles and no symptoms of iodine intoxication, but he found iodine present in the urine in twelve hours, and it could be detected there for three days. Iodol, therefore, he says, is only slowly absorbed.—*Med. Chronicle*.

BROMHYDRATE OF CONIIN IN IDIOPATHIC TETANUS.—Demme records the case of a boy, aged seven, who suffered from trismus and tetanus, after exposure to wet and cold, and recovered under treatment by bromhydrate of coniin. He first injected $\frac{1}{4}$ of a grain twice, at an interval of two hours, and the spasm of the masticatory muscles so far diminished afterwards as to allow the administration of liquids. On its recurrence, the same amount was given by the mouth three times every two hours; the spasm was much weakened. On the second day of the attack only four doses were given, on the third day two doses were administered, and

after this trismus disappeared. Demme states that under the influence of the drug the superficial and deep reflexes were diminished. He noticed, too, increased flow of the saliva, and increased frequency, with irregularity, of the respiration. His observation agrees with the results obtained by Schulz and Binz in their experiments on the influence of the coniin salts on animals poisoned by brucin.—*Med. Chronicle*.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, JUNE, 1887.

CLINICAL EXAMINATIONS AND THE MEDICAL COUNCIL.

We again draw attention to an important defect in the examinations held by the Medical Council, viz., the absence of any test of the clinical knowledge of candidates for license to practice. It is simply preposterous that men should receive permission to practice in this Province who may not be able to do the simplest surgical operation, not even able to pass a catheter. Under existing arrangements candidates may be successful in passing the examinations who cannot make a diagnosis between bronchitis and pneumonia, nor give any idea of the condition of the lungs as to health or disease. Yet such men when they obtain their license are considered quite competent, for instance, to examine persons for life insurance, where thousands of dollars are at stake. Is this all the benefit the public is to receive from our expensive medical parliament? If members of the Council who talk so much about raising the standard of matriculation so high as to simply exclude some of the best students from the profession would pay a little more attention to the institution of a thorough and rigid clinical examination of their final students they would do greater service to the profession and to the country.

Now that it is plain to any one that the present system of examination is very defective in this regard, and that a change should be

made, the question arises why this delay on the part of the Council? The old cry, that clinical examinations are not feasible, must be given up, as the Toronto University has demonstrated that such examinations can be easily conducted in the Toronto General Hospital. We understand the Trinity University will shortly institute practical examination for final candidates. Our Medical Council, which ought to be in the van of medical progress, will then be disgracefully in the rear.

We return to the question of delay on the part of the Council in this particular. What is the reason? Can it be possible that some members are afraid of too great a preponderance being given to clinical teaching? Can too great attention be paid to this department? We are strongly of opinion that so far as the final branches are concerned, nearly all the instruction given in medical schools should be of a clinical character. This brings us to another point. According to the present regulation, a student is required to take two full courses of one hundred lectures each on the final branches, medicine, surgery, and midwifery. Can anything be more absurd than to require a student to listen to the same lectures a second time? It would, in our opinion, be much better to limit the didactic lectures to sixty and increase the amount of clinical instruction.

Who will take up this matter? We are strongly of opinion that no action of the Council would give greater satisfaction to the profession and the public than the institution of changes in this direction.

Since the above was written we have learned with pleasure that, at Dr. Burns' request, a committee was appointed last year to deal with this matter, and to report at the next meeting of the Council. We hope the report will be a favorable one, and that it will be adopted.

The Registrar of the College of Physicians and Surgeons will issue copies of the new Medical Register, containing the recent amendments to the Medical Act, and other interesting matter, but only to those who have paid their annual dues. The protective tariff is one dollar a year.

ONTARIO MEDICAL ASSOCIATION.

The arrangements for the coming meeting of the Association are almost concluded, and the result so far is most satisfactory. The first matter on the second morning will be the report of the Committee on Ethics, which it was understood at the last meeting should take precedence over all other business at that hour. There is also a notice of motion by Dr. Henderson, of Kingston, for action to be taken for the formation of a Medical Protective Union, having for its object the defending or assisting in the defence of its members in cases of alleged malpractice, when unjust or groundless action is taken by irresponsible parties. So important a subject will doubtless receive the attention of which it is deserving. Special rates, we are informed, have not only been made with the railroad companies, but with the leading hotels, for the members of the Association (Queen's, Rossin House, Walker, and American), and in addition we trust the proverbial hospitality of the profession in the city will be fully exercised. Special discussions will be opened in medicine on "The Relation of Masturbation to Insanity," by Dr. Lett, of the Homewood Retreat, Guelph, besides the subject of "Phosphaturia," by Dr. Arnott, Dean of London Medical College. In surgery, a wise selection has been made by Dr. Strange, of Toronto, "Points in the minor surgery of the general practitioner." In midwifery, the very interesting topic of "Functional paralyses of pregnancy" will be discussed by Dr. Taylor of Goderich. We are pleased to hear that some very prominent gentlemen from New York, Philadelphia, Detroit, and other places in the United States, have accepted invitations to be present; among these we may mention Dr. John H. Packard, the editor of "Holmes' Surgery," whose theme is "The views held by surgeons of the last century and our views of them. Dr. Satterthwaite, Professor of Pathology in the New York Post-Graduate School, contributes a paper on "The so-called uric acid diathesis;" Dr. Porter, Professor in the Polyclinic, on the "Etiology and pathology of increased body-heat in relation to disease and the use of antipyretics." Professor Wyeth, also of the Polyclinic, has promised a paper on "Osteo-plastic surgery;" Dr. Mantön,

of Detroit, one on "Rare forms of vulvar tumors;" Dr. George H. Fox, of New York, on "The surgical treatment of some diseases of the skin." He will illustrate his subject by the scarification of lupus, the extraction of superfluous hairs by electrolysis, and the surgical treatment of pustular acne. Dr. Whitbeck, of Rochester, also may contribute, if the time of the meeting is not fully occupied. Dr. Rosebrugh, of Toronto, will open the discussion on ophthalmology and otology with a paper, "Some practical points in the treatment of diseases of the eye," and Dr. Ryerson will follow on the rare subject of "Ophthalmic epilepsy." Dr. Murray, of Thorndale, will show a case of laceration of the femoral artery. Among the other contributions promised may be noticed the following:—Dr. J. E. Graham, on "Pathological notes of a case of herpes zoster;" Dr. Brown, of Galt, "Injuries to the elbow joint;" Dr. Powell, of Ottawa, "Pelvic hæmatocele;" Dr. McDonagh, "Primary tuberculosis of the larynx;" Dr. Groves, of Fergus, "Prostatotomy;" Dr. Ferguson, on "Arsenical neuritis;" Dr. Adam Wright, "Removal of the uterine appendages;" Dr. Turver, Parkdale, "Certain forms of treatment in acute lung affections;" also, Dr. Fenwick, Kingston, "Lacerations of the cervix uteri."

MALIGNANT ENDOCARDITIS.

Dr. J. H. Musser, of Philadelphia, reports two cases of malignant endocarditis, in the *Journal of the American Medical Association*. In the second case there were marked embolic phenomena, with vomiting, diarrhoea, and jaundice. At the autopsy it was found that there was proliferative bacterial endocarditis confined to the mitral valve, and a microscopical examination of the fresh clot in the artery and the vegetation in the valve revealed the staphylococcus pyogenes aureus—the micrococcus common to ulcerative endocarditis. In the Gulstonian Lectures, Osler pointed out the frequent association of acute croupous pneumonia with ulcerative endocarditis; and Bramwell, in a recent paper, mentions having detected micrococci in the pneumonic exudation in two cases of croupous pneumonia, but he

was unable to satisfy himself that they were identical with the micrococci in the cardiac vegetations. In Dr. Musser's first case, the malignant endocarditis was associated with rheumatism, and the type was essentially of a pyæmic nature.

"H. R., male, aged 23 years, laborer, consulted Dr. Musser, June 25, on account of rheumatism. He was visited by his physician the first week in July once, the second week four times, and the third twice. On the 1st of August grave symptoms set in, and on the 3rd of September he died. It will be observed, therefore, that in July the patient was not very ill; in fact, he continued at light work on his farm, and on the 1st of August was in the harvest field, when the first embolus manifested itself. During that month he had rheumatism, and for a short time before August 1st, chills and fever.

"August 1. Sudden severe pain occurred in the right brachial artery. Could not be removed to his house at once on account of collapse. Dr. Musser saw him, and found the pulse absent at the wrist, the hand cold and cyanosed. Two days subsequently the femoral artery became plugged, much pain being occasioned at the time. The circulation in neither arm nor leg was ever restored, and gangrene ensued. Attention was at once called to the heart, and a distinct systolic murmur was heard at base and apex. During the month an irregular fever, with irregularly recurring chills, was present. Death took place from exhaustion, September 3, thirty-three days after serious symptoms set in."

HÆMOGLOBINURIA.—In the *Wiener Med. Blätter* is recorded a fatal case of hæmoglobinuria after exposure and cold. A boy, five years old, fell into cold water from which he was immediately rescued. Two hours afterwards the child vomited matter streaked with blood, and an hour later the urine passed was of a brownish color; pulse weak, rapid and irregular. Collapse increased, and five hours after the immersion the boy died. At the autopsy numerous ecchymotic spots were seen on the mucous membranes, and in the urinary tubules there was a detritus of broken-down red blood corpuscles.

THE RECENT EXAMINATIONS OF THE MEDICAL COUNCIL.

The medical examiners had an arduous task with the immense number of candidates who presented themselves at the recent examinations. There were one hundred and sixty-eight up for final, and twenty-eight, or sixteen per cent., rejected; two hundred and ninety-nine for primary, and thirty-four, or eleven per cent., rejected. Dr. Pyne, the Registrar, deserves the highest praise for the perfection of his arrangements, but notwithstanding this the candidates were crowded together in such a way that it was difficult, or in fact impossible, to prevent a certain amount of "cribbing."

With such a number of budding doctors it may be well to consider the advisability of having two or three examinations during the year, say,—the ordinary one in April, a second after the competition of the summer sessions in July, and a third in November; or if only two, let the second be held in autumn. Such a change would be beneficial in many ways. In the first place, the examinations would be more manageable; in the second place, it would frequently relieve the examiners of much embarrassment. They might sometimes refer a candidate for a few months when he had come so near the required standard that he scarcely deserved to be thrown back for a year; or they might follow the plan adopted in some places of referring the unfortunates for a few months or a year according to the extent of their deficiencies. In this connection we would draw attention to the communication of our correspondent "M" on another page.

THE MEDICAL COUNCIL OF BRITISH COLUMBIA.

—The ballot recently taken resulted in the election of Drs. Milne, Powell, Hannington, Trew, (New Westminster), McGuigan (Vancouver), Davie, Tunstall (Kamloops). The names are given according to the votes polled, the highest being mentioned first.

At the first meeting of the newly-appointed council the following were selected as officers: Dr. Trew, president; Dr. Davie, vice-president; Dr. Hannington, treasurer; Dr. Milne, registrar and secretary.

SALOL.

This new remedy for rheumatic affections is a crystalline powder, having a marked but not unpleasant odor resembling wintergreen. It was first introduced by Prof. Neucke, of Berne, and has been used extensively on the continent. Dr. Siefert, of Wurtzburg, has prescribed it frequently as a mouth-wash with happy results in such cases as ulceration of the tongue—wounded during an epileptic seizure—or ulceration following the use of the cautery, or when due to stomatis, and also as an application in ozæna and tubercular ulceration of the larynx. As an anti-rheumatic remedy it is greatly vaunted by Bielschowsky, of Breslau, and Rosenberg, of Berlin. In the majority of cases where the latter used this drug the effect was prompt in causing a lowering of temperature and greatly lessening the pain of the joints in from twenty-four to forty-eight hours. The dose administered whilst pain and fever were present was fifteen grains every hour or two. The quantity was reduced as the symptoms disappeared. Relapses, however, were of frequent occurrence, and in every case he detected the carbolic odor in the urine.

THE TREATMENT OF GONORRHOEA.

At a recent meeting of the New York Dermatological Society, Dr. Brewer read an exhaustive paper on "The Modern Treatment of Gonorrhœa." He is of opinion that the disease is of parasitic origin, and he advocates the treatment by irrigation from behind forwards, or by what he calls "retrojection." He has used various forms of paraciticide lotions, but principally relies on a solution of bichloride of mercury from 1 to 6,000 to 1 to 10,000. This method of treatment is not new, as the system of irrigation of the urethra from behind forwards was introduced some years ago. Dr. Brewer's results with the bichloride solution are much better than those with the ordinary astringents. The average duration in his experience is seventeen days, and some cases have been cured in two or three days.

The American Medical Association will meet in Chicago, June 7th, 8th, 9th and 10th.

MEDICAL EXAMINATIONS.

TORONTO UNIVERSITY.—SCHOLARSHIPS AND MEDALS.—*Gold Medallist*—A. Ego. *Scholarships*—First Year—1, L. F. Barker; 2, W. C. Morrison. Second Year—1, W. A. Smith; 2, J. H. Collins. Third Year—1, G. A. Fere; 2, J. Galloway. A noteworthy fact is that the gold medallist, Mr. Ego, and all the scholarship men, with the exception of Mr. G. A. Fere, who is from Trinity School of Medicine, are from the Toronto School of Medicine.

Passmen.—First Year—D. Archer, W. A. Baker, L. F. Barker, W. L. Bond, E. Bowie, A. S. Bueglass, T. S. Cullen, A. R. Gordon, R. A. Hardie, D. L. Heggie, W. C. Herriman, D. Hutchison, A. S. Ironside, Miss E. J. Irvine, E. F. Irwin, J. A. McDonald, R. H. Mason, W. McGillivray, A. V. Michell, W. C. Morrison, W. H. Philp, A. L. Reed, W. Reid, J. A. Robinson, T. Russell, J. L. Smith, C. L. Starr, F. Zwick, M. J. McFarlane, W. M. Pugh, E. Strain, C. B. Carveth. To take the physiology of the first examination over: T. S. Cullen, D. L. Heggie, A. S. Ironside, J. A. Robinson. Second Year—second examination—W. J. Armstrong, A. C. Aylesworth, W. W. Baldwin, W. C. Barber, J. E. Bowman, J. T. Campbell, G. Chambers, C. P. Clark, J. H. Collins, G. A. Dickinson, W. J. Earley, J. B. Gamble, M. E. Gillie, F. E. Godfrey, T. M. Hardie, J. McBride, H. McColl, C. McLachlin, C. J. McNamara, R. H. Palmer, W. A. Sangster, G. Silverthorne, E. Sisley, O. Sisley, W. A. Smith, J. Webster, A. J. Wilson, F. A. Wiggle, H. Grundy, W. R. G. Phair, W. McWright. To take materia medica of the second examination over: A. C. Aylesworth, W. W. Baldwin, W. J. Earley, H. Grundy, T. M. Hardy, C. McLachlan, C. J. McNamara, W. R. G. Phair, E. Sisley, O. Sisley. Primary examinations—G. M. Bowman, Miss L. A. Davis, M. J. Farrish, T. A. Ferguson, J. McGillawee, E. Meek, A. B. McCallum. Of these M. J. Farrish will take materia medica, T. A. Ferguson, biology, and E. Meek, chemistry (organic and physiological), over again. Third Year—F. T. Bibby, G. A. Fere, J. Galloway, G. F. Jones, A. Ochs, J. A. Palmer, W. H. Smith, J. H. Eastwood. E. T. Bibby will take obstetrics over again.

Degree of M.D.—J. N. Mackie.

Degree of M.B.—Fourth Year—G. Acheson, W. H. Clark, C. F. Durand, A. Ego, J. Guilane, D. Johnston, M. J. Keane, J. A. McMahon, J. A. Palmer, J. Olmsted, W. O. Stewart, J. D. Thorburn, J. H. Eastwood, W. R. Walters, J. B. Reid.

Final Examinations.—A. D. Barnett, J. J. Brown, G. F. Dryden, A. E. Lackner, T. McKenzie, A. H. Perfect, A. R. Pyne, J. R. Shannon, A. E. MacKay, H. A. McCallum.

For want of space the Honor List is not given.

PHYSICIANS AND SURGEONS.—Following is the result of the examinations for 1887, at the College of Physicians and Surgeons of Ontario:—

Final Examination.—T. A. Amos, George Acheson, J. Appelbe, W. Armstrong, O. R. Avison, A. G. Allen, J. V. Anglin, Jas. Bell, J. D. Balfour, J. J. Brown, A. D. Barnett, S. G. T. Barton, A. Bradford, J. W. Begg, G. G. Caron, E. Clouse, A. W. Campbell, W. H. Clarke, C. R. Charters, A. E. Collins, D. Cameron, J. M. Cameron, E. Campbell, G. F. Dryden, C. F. Durand, D. A. Dobie, C. L. Easton, Ed. Evans, J. H. Eastwood, A. J. Errett, W. A. Fish, A. B. Foster, A. E. Freeman, E. J. Free, Ada A. Funnell, J. M. Fraser, A. D. Graham, Jas. Galloway, J. Guinane, H. P. Galloway, W. R. Gillespie, W. J. Glassford, M. J. Glass, W. F. Graham, M. Gallagher, B. Hawke, M. W. Hart, H. R. Hay, Wm. Hall, J. H. Hoover, R. R. Hopkins, T. H. Halsted, S. J. Jones, G. F. Jones, J. W. Johnson, D. Johnson, M. James, R. A. Kennedy, J. A. A. Kelly, M. J. Keane, F. Lawrence, Marion Livingston, A. Lawson, A. E. Lackner, W. F. Loucks, T. A. Moore, J. Mundell, D. Mitchell, M. Mullock, J. A. Macmahon, C. F. Moore, M. Maybee, J. E. Maybee, C. H. McLean, A. M. McFaul, H. R. McCullough, E. McEwen, A. L. McDonald, D. P. McPhail, J. H. McCassey, T. McKenzie, C. D. McDonald, Jas. McLurg, J. H. Nenimo, T. J. Norman, W. Newell, O. G. Niemeier, A. Ochs, D. H. Piper, A. H. Perfect, L. T. Pare, T. S. Philp, J. A. Palmer, A. F. Pirie, A. R. Pyne, S. H. Quance, James Rea, G. C. Richardson, J. W. Ross, R. R. Ross, L. F. Ross, D. L. Ross, J. B. Reid, W. J. Stevenson, Geo. H. Shaver, G. Stewart, W. D. Scott, Gustave G. Smith, O. R. Staples, J. W. Shellington, W. O. Stewart, W. R. Shaw, J. C. Smith, D. Sinclair, W. A. Shannon, J. R. Shannon, A. J. Stevenson, R. S. Smith, Thos. Scales, Adam Thompson, S. H. Thorne, M. Tovell, J. M. Thompson, J. D. Thorburn, A. F. Warner, W. R. Walters, W. J. Walsh, A. E. Yelland.

WHY HE WROTE IT.—H. Rider Haggard gives as one of his reasons for writing "King Solomon's Mines": "Because I want my boy Harry, who is over there at the hospital in London studying to become a doctor, to have something to amuse him and keep him out of mischief for a week or so. Hospital work must sometimes pall and get rather dull—for even cutting up dead bodies there must come satiety."

NOMENCLATURE OF SOME OF THE PATHOGENIC MICRO ORGANISMS.—*Bacillus tuberculosis* (Koch), in phthisis; *bacillus lepræ* (Hansen), in leprosy; *bacillus typhi-abdominalis* (Eberth), in typhoid fever; *bacillus syphilis* (Lustgarten); *komma bacillus* (Koch), Asiatic cholera; *bacillus anthracis* (Cohn), in anthrax; *diplococcus pneumoniae* (Wichselbaum), in pneumonia; *bacillus malarie* (Tommasi-Crudeli, and Councilman), in malaria; *spirillum obermeieri* (Obermeyer), in relapsing fever; *streptococcus erysipielatis* (Koch), in erysipelas; *bacillus mallei* (Schutz), in glanders; *bacillus diphtherie* (Löffler), in diphtheria; *micrococcus gonorrhoeæ* (Neisser), in gonorrhœa; *streptococcus febris puerperalis* (Lomer), in puerperal fever.

Seventy cases of erysipelas observed by Shadeck in the military hospital of Kiev have been carefully recorded in the *St. Petersburger Med. Woch.* The majority occurred in winter and early spring. The source of infection could not be discovered in fifty. Three arose from wounds, eight from facial eczema, five from otitis externa, one from excoriation of the nose, and one from a burn. The chief complications were pneumonia, capillary bronchitis, suppuration of the skin, otitis externa, and inflammation of the pharynx.

Dr. C. Noorden communicated the results of some experiments in connection with the micro-organisms of erysipelas to the *Müncher Med. Woch.* There was in one case a general infection of the body arising from facial erysipelas, parenchymatous nephritis, acute oophoritis and and great enlargement of the spleen. In the blood of the heart, taken thirty-six hours after death, he found the *streptococcus erysipielatis* and the *streptococcus pyogenes*, which, when cultivated and injected into the ear of a rabbit, caused an acute septicæmia.

GASEOUS ENEMATA IN PULMONARY PHTHISIS.—Dr. Henry Leffmann, of the *Polyclinic* (P.O. Box 791, Philadelphia), desires to obtain results of the new treatment of pulmonary consumption and phthisis by gaseous enemata, for publication. The correct therapeutic value of

this method can only be arrived at by the collection of statistics, and he therefore requests any one who has administered the gas to communicate the result to him, the formula used, and any special information that may be useful.

The Council of the English Society for the Study and Cure of Inebriety, have completed arrangements for an International Congress, to be held in London, July 5th and 6th. Papers and addresses are promised from distinguished German, French, and English physicians.

We are told that the most celebrated of the *eleven celebrated English Surgeons* who recently visited this city is a graduate from an Ontario university of not more than two years' standing, and one who did not take the Council examination.

At the meeting of the Medical Congress in Wiesbaden, Fränkel, of Berlin, related an interesting case of typhoid where a relapse occurred several months after the first infection of the body with typhoid bacilli.

OUR SPORTS.—It is stated that forty-one of the Toronto doctors attended the Woodbine races on the 24th.

The latest disinfectant is glycozone, which consists of chemically pure glycerine with four volumes of ozone.

A case of death under chloroform is reported from Hamilton, but we have not yet heard the particulars.

We desire to call the attention of our subscribers to Lepage's Syrup of Hypophosphites Comp., the advertisement of which appears on page 10. This Syrup has been before the public for nearly two years, and has been found reliable and efficacious in the treatment of all cases where the Hypophosphites are required. In response to numerous orders the proprietors of this Syrup have decided to put it up in 8 oz. Winchester bottles for dispensing purposes, which will be appreciated by druggists as well as by those practitioners who do their own dispensing.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, MAY 12TH.

The President, Dr. Nevitt, in the chair.

Dr. A. H. Wright read a paper on

THE TREATMENT OF UTERINE FIBROIDS,

which appears in this number of the CANADIAN PRACTITIONER.

Dr. Rosebrugh, of Hamilton, who was present, was invited by the president to take part in the discussion. He agreed in the main with the conclusions drawn by the reader of the paper. He has never had occasion to resort to surgical measures in the treatment of these neoplasms. Ergot is undoubtedly the most useful drug, and is well borne if the excipient be changed occasionally. If the hemorrhage is profuse it may be checked (other means failing) by the application of Churchill's tincture of iodine, or by plugging the os uteri.

Dr. Powell also read a paper entitled

PLEUROTOMY FOR EMPYEMA, METHODS OF DRAINAGE AND REPORT OF CASES.

The course of a purulent pleurisy untreated or subjected only to medical treatment was outlined, and the fact that nature could not be trusted to effect a cure was dwelt upon. Surgical aid must be invoked or the prognosis would be practically hopeless. Even this aid, before the general adoption of antiseptic methods, failed to reduce the general mortality below 50 per cent. Now, however, the reader had an impression that it did not exceed 20 per cent. His own cases, six in number, were given. Four of these were under care from the beginning of the disease, and all recovered with good lung expansion and no chest deformity. The other two were chronic cases and recovered only imperfectly as regards the chest-wall and the lung of the affected side. Siphon drainage was adopted in most of the cases. A large Nelaton catheter, having been introduced, was fixed by being passed through a hole punched in a piece of Esmarch bandage, worn like a belt around the chest, as first suggested by Dr. Eby of Rochester. The outer end of the catheter was attached to a glass tube pass-

ing through a rubber stopper into a bottle of carbolic solution. The bottle was worn in the hip pocket by patients able to go about. To wash out the chest all that was necessary was to alternately raise and lower the bottle. One of the cases reported had in addition to a large collection of pus in the pleural cavity an interlobar sac not communicating with it. The two cavities were drained separately.

Attention was called to the fact not yet generally recognized that the line which bounds superiorly the flatness in cases of effusion in the pleural cavity is a curved line, rising highest toward the axilla, and not a water-level line. This point was first observed in 1843 by Damiseau, and independently by Dr. Calvin Ellis, of Boston, in 1876.

The Ellis curve had been made out by the reader in every case of pleuritic effusion examined during the last ten years. Diagrams illustrating its location in a number of cases were shown. The importance of an early recognition of notable purulency in an effusion in the chest, its evacuation and continuous drainage, according to recent antiseptic methods, and the obliteration of the cavity by adhesion of its walls, aided if required by irrigation or costal resections, was next taken up, and finally discussion was invited upon aspiration in empyema, siphon drainage, irrigations, free incisions, and antiseptic methods in operating and in after treatment.

STATED MEETING, MAY 19TH, 1887.

The President, Dr. Nevitt, in the chair.

Adjourned discussion on Dr. Powell's paper.

—Dr. Oldright in the course of his discussion on the paper presented a patient on whom he had performed *paracenteses thoracis* in 1871. The siphon was inserted each day, and the chest cavity washed out antiseptically until a cure was effected. The patient is now in good health, the expansion on the affected side being perfect. He regards siphon drainage as most effective, since if the free end of the tube be kept under water the bellows action of chest is maintained.

Dr. McPhedran congratulated Dr. Powell on the excellent results in all his cases. His method of drainage is ingenious, but there is probably nothing to be gained by it. If the suppurating

cavity can be well drained a free opening is preferable, and to obtain such, a portion of a rib should, if necessary, be removed. The entrance of air under such circumstances can do no harm, and washing out of the cavity will not be required. He thought the cases were few in which much could be expected from aspiration. Unless under exceptional circumstances it would seem advisable to resort to free drainage at once, not only as the most certain means of effecting a cure, but also on account of the importance of relieving the lung from compression, and thus prevent as far as possible its being bound down by adhesions. The parabolic curve of the upper margin of the area of dulness that obtains in many cases of moderate effusion is doubtless due to the elasticity of the lung, as explained by Broadbent, Ellis, and others. As the fluid is effused the lung contracts by virtue of its own elasticity, as it does when the chest is opened to the admission of air. This contraction is greatest upward, inwards and backwards, and thus tends to leave most space between lung and chest wall in the axillary region, and in this the fluid collects chiefly. With this limited amount of effusion there is no *compression* of the lung, only a contraction of it, due to its own elasticity. This disposition of the fluid would indicate that the lower parts of the axillary region should be selected for making drainage; if the patient were confined to bed the opening should be made back near the apex of the scapula, as the fluid would gravitate backwards more or less. In cases of old thoracic fistula exsection of the ribs—Estlander's operation—should be resorted to. It had been done lately with very good results by Dr. Park of Buffalo (*Annals of Surgery*, May, 1887), and Gerster of New York (*Medical News*, May, 1887). It has been successfully resorted to in some cases of pyopneumothorax, and offers the only ground of hope in this disease.

Dr. Atherton said: In looking over my notes on cases of empyema, I find that I have treated since 1874 eight patients suffering from this disease. Their ages, taken in regular order, were 24, 19, 40, 21, 10, 8, 2 years and 11 months, and 16. Out of these the one aged 40 died, about ten weeks after opening the chest,

from an attack of purulent diarrhœa, set up by eating a lot of green things, contrary to my strict orders. The empyema in her case followed a few days after the opening of a pelvic abscess; and previous to her indulgence she had very much improved in her general condition, being able to get down stairs for the first time subsequent to the attack of pelvic inflammation. The side was still discharging somewhat at the time of seizure with bowel trouble, and she succumbed after twelve days of diarrhœa, which was uninfluenced by any treatment. My first and fourth cases were still living at last accounts, with fistulous openings in side, it being more than ten years since I operated on them. Both of them had symptoms of pleuritic effusion, lasting more than a year before coming under my care. One of them I tapped five times in the course of two years, the intervals between the tapplings being, on two occasions, as long as nine months, and her increase of weight being as much as fifteen pounds. Finally, however, after the last tapping symptoms of severe inflammation arose, and I was forced to make a permanent opening. My other five remaining cases all fully recovered in from six weeks to three months after opening the chest. The last one of them was a boy aged 16, who had about ten weeks before got a bit of nutshell in right bronchus, where it set up ulceration and suppuration of right pleural cavity. The piece of shell was expectorated eleven days before the chest was opened, but he continued to spit up most horribly offensive pus, and at the time of operation he seemed nearly moribund, there being general anasarca, and his respirations being fifty per minute. About two quarts of fœtid matter were removed, and I was informed that in a few weeks he was able to be out and at light field work. As to prognosis in cases of empyema, there can be no doubt the two chief factors to be taken into account are the age of the patient and the length of time during which the chest has been distended previous to operation. If the pleural cavity has been full of fluid for a year or more, and the patient is eighteen years of age or upwards, the best result attainable (without a resort to Estlander's operation) is recovery with a permanent fistula. Even

patients younger than the above would likely be a long time subject to some discharge. In younger persons, however, where the disease has been going on less than six months, my experience would lead me to expect a perfect recovery in from six weeks to three or four months. In only the first one of my cases did I wash out the chest cavity; and as I found this procedure was somewhat annoying in the patient's weak state I omitted it after the first week, and have never resorted to it since. I consider that the free ingress and egress of a volatile antiseptic as applied on the dressing produces much the same effect as the use of antiseptic washings. Besides, the latter are known more than once to have been attended by sudden death; and they are now, I think, very generally condemned during the first few weeks of treatment. When, however, fistulae remain for a long time they are permissible with a view of drying up any small cavity which may be left. During a recent discussion upon the subject of empyema in the London Medico-Chirurgical Society, a large proportion of the speakers expressed themselves as opposed to washing out the pleural cavity after operation, and none of those present spoke in its favor. I am strongly of the opinion that all of these cases should be treated with the strictest Listerian precaution, including the spray.

Dr. Machell reported several cases of empyema successfully treated with free drainage:—

1. R. P., aged 5 years. During sixth week of typhoid fever developed pneumonia and afterwards empyema. An effort was made to draw off the pus without opening the chest freely. This was abandoned. The chest wall was well opened and a large drainage-tube put in, and as there was some fetor the pleural cavity was washed out with carbolic water. This was in February, 1881. Within two months he was comparatively well, and ever since has been able to do work on his father's market garden; and though the discharge has nearly stopped a dozen times, there is still a little. He is so well that his parents refuse to have anything more done for him in the shape of another operation.

2. A. C., aged 8 years. On January 24th, 1886, aspirated chest, and on pus flowing,

opened freely and introduced a drainage-tube; carbolic tow used as a dressing; discharge stopped entirely in five and a half months. The only time it became offensive was when his mother ran out of the tow and used the ordinary coarse cotton batting instead. Two or three times washing out with carbolic water rendered the discharge aseptic again.

3. F. W., aged 3½ years, had his chest aspirated on 30th January, 1886, and finding pus, opened well, and put in drainage tube. Chest never washed out at all. Discharge never had any odor. Wound closed in eleven weeks. Dressing, carbolic tow.

4. D., aged 20 years. Seen in consultation with Dr. Simpson, April 14th, 1886. The chest was aspirated, then opened freely, and drained into carbolic tow. Wound closed in five to six weeks.

5. K., aged 9 years, also a patient of Dr. Simpson. Seen in consultation April 25th, 1886. Chest aspirated, double drainage tube put in. Carbolic tow drainage. Wound closed in four to five weeks.

In closing the discussion Dr. Powell urged the more frequent use of the hypodermic syringe for diagnostic puncture in cases of doubt as to the presence of fluid in the chest. It is by the very early detection of empyema that we are placed in a position to treat it most successfully. No hard and fast rules for operating can be laid down. The indications are clear, and that method is best which most fully meets them. Free incision, with drainage into antiseptic absorbents, will most frequently be called for.

PATHOLOGICAL SPECIMENS.—ACUTE RECURRING ENDOCARDITIS.

Dr. W. H. B. Aikins presented a *Heart* with greatly dilated right auricle, hypertrophied left ventricle, and a considerable stenosis of the aortic orifice due to thickening, partial calcification, and adhesions of the aortic valves with one another. There were numerous small, recently formed vegetations on the free margins of the valves and one or two spots of erosion. Years ago the patient had organic heart trouble with intermissions of tolerably good health. When seen for last illness she was suffering

from a facial erysipelas, the temperature not rising higher than 103°; as the fever was subsiding the cardiac symptoms became marked and distressing, with, for a short time, pain in and swelling of the left arm. The action of the heart was irregular, apex beat diffused and displaced outwards, an aortic systolic murmur was distinctly heard. It was supposed that the erysipelas caused a general sepsis, which resulted in the *materies morbi* being deposited on the valves and giving rise to a fresh endocardial infection, although, on examining the valves for micro-organisms, the *streptococcus erysipelatis* was not observed.

Dr. R. B. Nevitt then showed a

CYSTIC TUMOR

removed from the upper and inner aspect of a man's thigh. Forty years ago the tumor had appeared as a hard round movable nodule, and had gradually assumed its present dimensions—about six inches in length and about the same in circumference—containing three or four cysts. The lower portions were ulcerated and sloughing and an inflammatory zone surrounded the lower third of the tumor. Thirty minims of a four per cent. solution of cocaine were injected in the line of the proposed incision and the tumor removed. The blood supply was large, one vessel the size of the internal pudic requiring ligature and two other smaller being twisted. The pedicle peeled cleanly from the connective tissue of the sheath of the adductor. There were several other tumors on the body—one on the opposite side, one on the same thigh, one on the back, and one on the face.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

MEDICAL COUNCIL EXAMINATIONS

DEAR SIRS,—As efforts are now being made to elevate the standard of medical education in Ontario, some suggestions as to the examinations and regulations of the Medical Council may be not amiss.

Has not the time come to substitute quarterly for yearly examinations? Were the proposed change made, fewer students would come

up at each examination, and the examiners, giving more time to each student, could form a better estimate of the knowledge of each. The examination would thus be fairer and more searching. The examiners are overworked and the student suffer for it. When one conducts a *viva voce* from early morning until eight or nine at night, one can hardly be expected to preserve a judicial frame of mind during the whole of that time. The written papers should be read before the orals commence, so that the candidate may be further examined on any points in which his answers were unsatisfactory. How can this be done, when, as was the case this year with one unfortunate, the examiner has over seven hundred papers to read? At the examinations just held, seven minutes were allowed for the oral of each primary student. The Council prescribes *two years* as the least time in which the student can obtain a sufficient knowledge of these primary subjects, and then undertakes in *seven minutes* to ascertain that he has that sufficient knowledge.

Should the candidate be plucked, he must wait a year before presenting himself for re-examination. To state it in other words—no matter *how near* he be to the standard, he is referred for a year; no matter *how far* he be from the standard he is referred for exactly the same time. To this fact many a man owes his license, for the examiners are human, and humane—albeit the student thinketh not so. They recognize the injustice of this regulation, and allow a candidate who has *nearly* reached the standard to pass. Were the proposed change made the examiners might refer a candidate for three months, or for thirty, as they saw fit.

It is not sufficient that the student make the percentage demanded, for he may do that without any real or intelligent knowledge of the subject. He should show that he has sufficient knowledge to enable him to practise intelligently, and with at least SOME degree of safety to his patients. One may rank in the honor list, and yet, by some answer, show that one has ideas which may result in disaster. Any examiner can cite such instances. Let the student be examined until the examiner is *satisfied* of his ability or inability to practise. This is too important a matter for an examiner to be bound down to a

written examination of a couple of hours and an oral of ten or fifteen minutes.

A rejected candidate should, before re-examination, show proof of having made an effort to improve himself in the branch in which he was rejected. He should be required to receive additional instruction, both theoretical and clinical, in such subject. As things now are, the rejected candidate betakes himself to business, to farming, to teaching, to anything so long as it is not connected with medicine. A month or so before the next examination he sets wildly to work, trusting a little cramming, a kind Providence, and a compassionate examiner to pass him. M.

Book Notices.

Transplantation of the Rabbit's Eye with the Human Orbit.—Reprint.

Practical Examples in Prescription-Writing. By CHAS. H. MAY, M.D., New York.

Fifth Annual Report of the Provincial Board of Health of Ontario for the Year 1886.

The Scientific Rationale of Electro-Therapy. By O. H. HUGHES, M.D., St. Louis. Reprint.

A Novel System of Operating for the Correction of the Deflected Septum. By WM. C. JARVIS, M.D. Reprint.

Clinical Manual for the Study of Medical Cases. Edited by JAMES FINLAYSON, M.D. Philadelphia: Lea Bros. & Co.

Earth as a Topical Application in Surgery. By ADDIWELL HENSON, M.D. Philadelphia: The Medical Register Co. 1887.

Transactions of the Association of American Physicians. First session, held in Washington, D.C., June 17th and 18th. Philadelphia: Wm. J. Dornan, Printer. 1886.

Removal of an enormous Calculus from the Pelvis of the Kidney by Lumbar Incision, with Remarks. By F. J. SHEPHERD, M.D., Montreal. Reprint.

The Physician's Dose and Symptom Book. By JOS. H. WYTHE, M.D., Professor of His-

tology and Microscopy, Cooper Medical College, San Francisco. Seventeenth Edition. Completely rewritten and enlarged. Philadelphia: P. Blakiston, Son & Co., 1021 Walnut Street.

Adapted to the needs of students and busy practitioners to save the trouble of reference to more elaborate works.

The Vest Pocket Anatomist (founded upon Gray).

By C. HENRI LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine. 13th Revised Edition. Detroit: The Illustrated Medical Journal Co., 1887, cloth, 86 illustrations, 154 pages, post-paid, 75 cents.

This little volume in its former editions is so well-known that it is only necessary to confine our notice to this, the thirteenth edition, which contains very clear and accurate topographical plates of the Venous, Arterial and Nervous systems, photo-engraved from the English cuts in "Gray's Anatomy." This makes the work especially of value to accompany the surgical case of any practitioner.

Elementary Microscopical Technology. A manual for Students in Microscopy. In three parts. Part I. The Technical History of a Slide, from the crude materials to the finished mount. By FRANK L. JAMES, Ph.D., M.D., President St. Louis Society of Microscopists, etc. St. Louis, Mo., Medical and Surgical Co. 1887.

The value of this little manual to the student depends largely on the fact that nothing is taken for granted; no previous acquaintance with the subject matter is pre-supposed, and each process and manipulation is lucidly explained in orderly sequence. The work is embellished with a number of suggestive illustrations, and if the succeeding numbers sustain the reputation which this bids fair to establish, this manual will form a valuable addition to a student's equipment.

A Treatise on Diseases of the Skin By T. McCALL ANDERSON, M.D. P. Blakiston Sons & Co., Philadelphia.

Dr. Anderson's reputation as a physician and dermatologist is of so high a character that the publication of his large work on skin diseases has given rise to great expectations.

His former book, as well as his published articles have already gained him a position as an author. The present work is an exhaustive treatise on dermatology, and contains all the newer modes of treatment as well as the latest discoveries in pathology. We are pleased to see that the work of American dermatologists has been more fully recognized by Dr. Anderson than is generally the case in European publications.

The author has been assisted in the preparation of his work by Dr. James Christie, who has written on the diseases of foreign climes; Dr. Hector Cameron, who has contributed most of the purely surgical sections; and Dr. William McEwen, who has written on ulcers.

As might be expected from the vast experience of the author, his treatises are largely of a practical character, and although the pathology of skin diseases is very fully given, the greatest attention has been given to the subject of treatment. This will recommend the book to practitioners, who are naturally more anxious to know how to cure a disease than to read a discussion of minute points in pathology. Those who wish to obtain an exhaustive work on dermatology, and one fully up to the times, cannot do better than purchase Dr. Anderson's book.

Obituaries.

JOHN FULTON, M.R.C.S. ENG., L.R.C.P.
LONDON.

There was probably no surgeon better known in all parts of the Dominion of Canada, than Dr. John Fulton, of Toronto. He was in the enjoyment of his usual health until the first week in May, when he contracted a cold which developed into pneumonia, and caused his death on the evening of May 14th, at the age of fifty. He was born in Elgin County, and came to Toronto to study medicine in Rolph's School, from which he graduated with high honors in Toronto University, and the University of Victoria College in 1863. He went to England the same year, and took the degrees from the Royal College of Surgeons and

the College of Physicians, London. He soon afterwards came to Toronto, and worked ardently as a medical teacher, practitioner, author and journalist.

He was connected with Rolph's School as Professor of Physiology, and had the same Chair in Trinity Medical School for some time, until 1880, when he was appointed Professor of Surgery, which position he retained until the date of his death. During this time he wrote a work on physiology which has been used as a text-book in the Trinity Medical School for many years. He was one of the representatives from his school on the active staff of the Toronto General Hospital, where he was one of the most efficient clinical teachers ever known in that institution.

He became connected with the *Canada Lancet* in 1868, and from that time was editor and proprietor of that journal, which he conducted with great vigor and ability. He held many positions of honor, such as that of member of the Senate of Toronto University, member of the Ontario Medical Council from 1866 to 1869, and various positions in the Dominion and Ontario Medical Associations.

He was one of the most faithful and systematic workers that has ever lived in this city, in fact we know of no one who accomplished so much in the same number of years. He was a great source of strength to his medical college, where he will be sadly missed by his students and colleagues. The students of the two medical schools in attendance at the summer session held a meeting in the General Hospital on Monday, May 16th, when many of them spoke in the kindest terms of their late teacher, and framed a resolution of condolence which has been forwarded to the afflicted family. They also attended in a body the funeral on Wednesday, May 18th. Mrs. Fulton died about two years ago and there are left four children—three girls and one boy—who have the warmest and kindest sympathy of their many friends in their doubly sad bereavement.

We regret to notice the death of Dr. E. Danver Hudson, of New York City, at the early age of 24. He had already obtained a

leading position in New York, and was just entering on a large and lucrative practice when he was suddenly cut off. His small work on "Physical Diagnosis," is a world of conciseness, and has been extensively used.

Personal.

Dr. J. M. Cameron will practice in Galt.

Dr. B. Patullo has located in Tilsonburg.

Drs. Oakley, of Streetsville, have settled in Parkdale.

Dr. R. J. Wood has commenced practice in Streetsville.

Dr. M. J. Keane has commenced practice on Carlton Street, Toronto.

Dr. J. A. Palmer will enter a partnership with Dr. Langstaff, Richmond Hill.

Dr. Ed. Campbell has entered partnership with Dr. Plummer, of Sault Ste. Marie.

Dr. Walters has entered into partnership with Dr. McKenzie, of Norway.

Dr. Daniel G. Brinton has retired from the editorship of the *Medical and Surgical Reporter*.

Dr. Noecker has returned from Vienna and commenced practice in Waterloo.

Dr. Furrer has been appointed to take charge of the hospital in Kamloops, B.C.

Dr. James Rea has entered into partnership with Dr. Bateman, of Pickering.

Prof. Olshausen, of Halle, has been appointed to fill the late Prof. Schröder's chair of midwifery.

Dr. Woodhead has been chosen director of the new experimental laboratory established by the Royal College of Physicians, Edinburgh.

Drs. W. Caven, Scadding, and Winnett, late of the Toronto General Hospital House-Staff, and Dr. J. D. Thorburn have sailed for England.

Dr. Salam Pasha, late Dean of the Medical College in Cairo, and physician to the Khedive, has been nominated to represent Egyptian Medicine at the International Medical Congress, to be held in Washington, commencing September 5th.

At a regular meeting of the Toronto Medical Society, held May 5th, the following officers

were elected for the ensuing year:—President, Dr. R. B. Nevitt; 1st Vice President, Dr. Machell; 2nd Vice-President, Dr. Atherton; Recording Secretary, Dr. Wishart; Corresponding Secretary, Dr. Carveth; Treasurer (re-elected), Dr. Spencer; Councillors, Drs. Graham, Powell, and Carson.

Marriage.

On Wednesday, May 18th, Dr. Alford T. Little, Churchill, to Miss Jeannie Maude Armson, of Bradford.

Miscellaneous.

The physicians of Columbus, Ind., have organized a Physicians' Protective Association.

Doctor: "My dear man you have no organic trouble, no symptoms of disease, properly speaking; but you are simply run down. What is your occupation?" *Patient*: "I am a city laborer, and work upon the public streets." *Doctor*: "Ah! it is as I suspected. You require exercise."—*Boston Transcript*.

A party of vegetarians who were boarding in a water-cure establishment, while taking a walk in the fields, were attacked by a bull, which chased them furiously out of his pasture. "That's your gratitude, is it, you great hateful thing!" exclaimed one of the ladies, panting with fright and fatigue. "After this I'll eat beef three times a day."—*Jour. of Reconstruct.*

IMPETIGO.—Dr. Saerbs recommends spirits of turpentine in the treatment of impetigo of the scalp. The hair on the affected part and for a certain space around must be first removed, and the turpentine applied by means of frictions with the fingers; allowed to remain for five minutes, then washed off with carbolic soap and warm water. Then dilute tinct. of iodine or a solution of iodine (two per cent.) in spirits of turpentine is applied. These applications are to be made once or twice daily. They are painless, causing merely a slight itching.—*Jour. de Med. de Paris*.

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TORONTO, JULY, 1887.

Original Communications.

PHOSPHATURIA.

BY H. ARNOTT, M.D., LONDON.

(Read before the Ont. Med. Association, June, 1887.)

The urine is justly regarded as the most important excretion of the body, from a clinical standpoint. Its constitution varies with every change of diet, habit or health. This very sensitiveness, whilst it gives us the reasonable hope that, at least, every serious disease would be accompanied by a corresponding change in the constitution of this secretion, at the same time warns us that we must be very cautious in our deductions lest we ascribe to disease a change that has been caused by exercise or diet. But if our knowledge were sufficiently thorough we should be able to tell the difference and to read disordered function by the character of this excretion almost as accurately as we do a book. I believe that our knowledge of the urine is only in its infancy and that at no distant day its importance in diagnosis will be much greater than at present. A wide field lies before the diligent student, the cultivation of which will yield him abundant satisfaction. Personally, I am willing to declare that I have received more light in the understanding of obscure cases from even my imperfect knowledge of this subject than from the study of any other single physiological system.

In making a diagnosis we pay attention to the urates, because ready to the eye in cold

urine; to the amount of urea, because readily estimated by the urinometer and even by the eye, but the variation in the amount of phosphates is frequently neglected, probably because being largely held in solution they must be precipitated. Phosphoric acid is found in every tissue and fluid of the body in combination with a base and excreted in the urine, the amount varying greatly in certain pathological conditions. It is to the diagnostic importance of this variation that I wish to draw attention. I am aware that Prof. Vogel, after making a thousand observations, has declared that he can draw no inference of any clinical value, so I shall endeavor to avoid the quicksands of doubt and keep to a few points that seem to me to be solid and useful ground in differential diagnosis. Anything that will remove doubt and render diagnosis more certain is of the utmost importance, and I hope that a discussion of this subject will prove interesting and, perhaps, useful. Every one has been puzzled over symptoms that may mean a great deal or nothing at all. In such cases any definite symptom that would set the physician's mind at rest, even as to the reality of some of the symptoms complained of, would be very acceptable. If we discover oxalate of lime crystals in the urine of a patient suffering from a number of subjective symptoms it is satisfactory so far as it forms a basis of certainty from which to reason. We call the trouble oxaluria, for want of a better name, but it does not follow that we regard the crystals in the urine as anything more than the most definite

of a number of uncertain and unsatisfactory symptoms.

Prout, Golding Bird, and others, drew attention to the deposit of phosphates in the urine as a valuable symptom, and even styled the disturbance giving rise to it phosphaturia and expressed their belief in a phosphatic diathesis, but later investigations have dispelled the belief in any such constitutional tendency. I do not think that these acute observers understood the phenomenon to constitute the disease any more than we mean by the term glycosuria, to convey the idea that the passage of sugar in the urine constitutes the disease. They doubtless looked upon it as the most constant and definite of a number of symptoms presented by some constitutional disturbance not thoroughly understood. But they overlooked the important fact that a sample which is muddy from phosphatic sediment may contain very much less of these salts than one that is perfectly clear. Indeed, the probability is that the muddy sample will have a deficiency of phosphates, as we shall see hereafter. Different views have been held on this subject according to the point of view from which it has been studied. Thus, some have studied the phosphates only as they appear as a sediment in the urine, others have separated the earthy and alkaline phosphates but have neglected the total amount, whilst others have, very properly, I think, considered the total amount of phosphate excreted to be the only proper basis for a practical study of the subject. According to this last view, phosphaturia means any deviation from the normal amount excreted, whether increased or diminished. As might be expected, the views put forth by various authors differ as much as their methods of studying it. Some declare it to be merely a symptom of disorder of the stomach or liver, others believe it to be only a question of reaction, etc.

In order to prove that I am not drawing on my imagination, I shall trouble you with a few short quotations from prominent authors. Prout: "nervous irritability the cause of increased excretion of phosphates;" Bence Jones: "merely depressed acidity;" Dickenson: "exaggerated mobility the cause of an excess of phosphates;" Dana: does "not find excess in

nervous irritation;" DaCosta: "in spite of the distinct sediment of phosphates it is doubtful if the latter are in excess;" Beale says: "there is not really an excess, but the urine being alkaline, the earthy phosphate is thrown down."

I need not trouble you with any more quotations. I have given enough to show the indifferent manner in which the subject has been studied. In my opinion the important thing is to ascertain the amount of phosphoric acid excreted, but as this would be somewhat troublesome, we adopt the simpler method of estimating the amount of phosphate. The base with which the acid is excreted is largely dependent on the diet, if that be full the tri-basic compounds, are common, and the urine is neutral or alkaline, but if the diet be low the reaction becomes acid from preponderance of monobasic compounds and no phosphate is precipitated although there may be more present. Hence precipitation is rather an evidence of deficiency than excess of phosphates. Indeed, it must always mean either an excess of base, or a deficiency of acid.

A similar change may be brought about by the administration of alkalies. A patient whose urine does not present any precipitation of phosphates is given alkalies, and in a short time it becomes muddy and deposits a crust of phosphate on the vessel. Now I am satisfied that increased alkalinity may be the result of true dyspepsia, or even of some peculiar diet, but an increase or deficiency of phosphoric acid to any notable degree and for any length of time, must have an entirely different cause. When dyspepsia occurs under such circumstances it will always be found to be due to some nervous disturbance. This is an important and definite statement, and if I am wrong I would be glad to be shown my error. If it be true, then it must be important to ascertain whether the amount of phosphoric acid is increased or diminished in all such cases. On examining a sample muddy with precipitated phosphates, if I find the amount of phosphoric acid increased I order more rest to the nervous system; if, on the other hand, I find that the amount of phosphoric acid is normal, I request for a time a change or reduction of diet. In the latter case there is an increase of base due probably

to diet; in the former an increase of acid due to nervous exhaustion.

The phosphates appear in the urine in three principal forms: the triple phosphate, earthy phosphate, and crystalline calcium phosphate; each of which, if continued for any length of time, has a certain amount of clinical significance. The triple phosphate is found in cystitis, in states of decomposition of the urine and in some disorders of digestion, and along with other symptoms is valuable in deciding a doubtful diagnosis. The earthy phosphate, when largely deposited, generally indicates a neutral or alkaline condition of urine, which, if pathological and continued for a length of time, is an indication of a grave constitutional disturbance. The crystalline phosphate of lime is, according to my observations, found mostly in chronic diseases of the brain. If a doubtful diagnosis lay between some functional disturbance and an obscure disease of the brain, the discovery of this salt in the urine would decide me in favor of the latter. On more than one occasion I have seen this symptom determine the diagnosis, and correctly so, as the future histories showed. In only one case have I seen it absent where I felt sure there was organic disease of the brain.

But as before stated the most important point is to find out the amount of phosphoric acid excreted, and this is approximately arrived at by precipitating the total amount of phosphates present and estimating the relative amount. This need occupy only a few seconds, and I believe it will soon constitute one of the common tests in every examination of the urine. Dr. Dana, of New York, whose article in the *New York Medical Record* will well repay perusal, uses long tubes about half an inch in diameter and thirty inches in length. The tube is filled three parts with the sample to be examined, and the balance of the tube filled with a mixture composed of magnesia sulph. and ammonium chloride of each one part, liquor ammonia one part, and distilled water eight parts. This causes a precipitation of ammonia-magnesium phosphate, which in about twenty-four hours has settled firmly to the bottom, and the depth of the sediment shows the proportion which it bears to the normal.

With whatever form of test-tube used, a number of experiments with the urine of persons in good health, will soon determine the average depth, and any marked deviation therefrom will indicate the relative amount being excreted. Of course several analyses will be necessary before any conclusion can be arrived at. This may seem rather a crude test, but careful quantitative analyses show that it is sufficiently accurate for all practical purposes.

This simple test is of the utmost importance in many doubtful diagnoses, but unfortunately it has not been uniformly studied from this aspect. Many observers have studied the earthy and alkaline salts separately, whilst others have only taken note of them when precipitated as a sediment. As I intimated before, my observations lead me to the conclusion that whether the acid is excreted in combination with an earthy or alkaline base depends generally on diet or digestion, and is possessed of comparatively little clinical value. But the total amount of phosphate giving an approximation of the amount of phosphoric acid excreted is an event of much greater importance, as observation has shown that whilst the amount of base is regulated chiefly by the diet, that of phosphoric and uric acids varies only with constitutional conditions. Notwithstanding the different methods of studying the subject, there are many useful points on which prominent writers are agreed. For instance, Roberts, Tyson, Wolff, Belfield, and Hoffman and Ultzman agree that the total amount of phosphates are increased in acute disease of the nerve centres and diminished in the chronic stage of the same, with the exception of epilepsy. There is also a pretty general agreement that they are increased during, and for some time after, nervous strain. Dr. Beemer, Assistant Superintendent of the London Asylum for the Insane, who has written an able monograph on brain exhaustion, expresses the same view. I am inclined to believe that when the condition becomes sufficiently serious to justify the term "brain exhaustion," rather than nervous excitement, the phosphates will be found diminished to a marked degree, and reason tottering on her throne.

It is also becoming a recognized fact in the

diagnosis of chronic renal diseases that the phosphates are diminished. Purdy, in his valuable work on Bright's disease, places it as one of the symptoms in his table of differential diagnosis. But, while we have these few points apparently established, there are a great many others on which the authorities totally disagree. Thus, Hoffman and Ultzman find an increase in febrile affections, whilst Wolff says they are diminished, but increased during convalescence. Many authors consider that an increase of phosphates is only an indication of dyspepsia, but Hoffman and Ultzman find them diminished in "severe disorders of digestion." Hoffman and Ultzman find an increase in bone disease; Belfield says you would expect it to be so; but, in fact, they are diminished. And so there seems to be a disagreement with regard to many other diseases which, doubtless, in time, by the accumulation of clinical evidence, will be removed.

In two cases I found the phosphates notably diminished in the late stage of chronic diabetes mellitus. In one of these there was not for several weeks, during which the case was under observation, the slightest trace of phosphate to be found in the urine by the most careful tests. Being anxious to know what became of all the phosphoric acid, I had the fæces of this patient cremated and the ash submitted to a careful analysis by a competent chemist. I expected to find an increase in the fæces when there was none in the urine, but the result of my few experiments would seem to show that such is not the case, and that when not excreted in the urine it must be retained. May not the retention of so much acid in the system be one of the factors in the production of diabetic coma?

An excess or deficiency of phosphates has been most useful to me in the diagnosis of a class of functional nervous disorders where there is no positive symptom. In many such cases where the symptoms related by the patient may be fancied or real, they will often be found useful in deciding the doubt and directing the thoughts to the cause of the trouble.

Many of these cases will be found to be real sufferers from an over-excited condition of the

nervous system, due generally to some long-continued drain, and is found among youths as well as adults. There are three principal classes of patients affected in this way.

In the first there is hyperæsthesia and paræsthesia of the nervous system generally. The patient is sleepless, and a peculiar restlessness torments his waking hours; the eyeballs are sensitive to light and tender to the touch; a ring at the door-bell goes through the patient like a painful shock of electricity; the most delicate food causes pain in the stomach; there is frequent scalding micturition, simulating cystitis; and sometimes shooting-pains and numbness of the extremities cause fears of organic nervous disease.

In another class of cases backache and melancholia are the prominent symptoms. In men, the elastic term lumbago often does duty as a diagnosis, whilst in the female the very same symptoms direct our attention to that veritable scape-goat of all obscure symptoms—the uterus.

In some of these cases the pain may be the cry of the lumbar nerves for more healthy blood, but I believe that in the large majority it is caused by the deposit of phosphatic or oxalic crystals in the pelvis or tubules of the kidney. In such cases I have sometimes found casts, doubtless formed by the inflamed condition of the tubules caused by these crystals. A short course of some saline diuretic, with free diaphoresis and restricted diet, generally gives prompt relief. There are many persons who are frequently affected with pain in the back caused in this way. If the cause is understood the treatment will be more satisfactory. It is frequently regarded as rheumatic, but a careful analysis will generally show the very opposite condition of urine to what is found in rheumatism.

A third class of cases complain chiefly of dyspepsia and weakness. There is intense irritability of stomach, the most delicate food causes intense pain of a burning character, and sometimes vomiting is so persistent as to cause fears of organic disease. In such cases anæmia is a prominent feature.

In order to satisfy myself of the truth of these views, I have endeavored to study the natural history of such cases unmodified by

medicine and without any treatment whatever but the removal of what I conceived to be the cause. In this manner, administering only a little colored water as a placebo, I have treated a number of severe cases of dyspepsia, anæmia, melancholia, etc., with the most satisfactory results,—and that, in some cases, after the ordinary medicinal treatment had failed. I do not wish to be understood as applying this treatment to any cases but those that are caused by some disturbance of the nervous system. In such, medicine will often fail without the needed rest.

I am convinced from my, so far, imperfect study of this subject, that the cause of any marked and continued increase in the amount of phosphates excreted is always due to some irritation of the nervous system, whether in the form of injury, disease, or over-excitement. When examining the urine of students passing their examinations, I have invariably found that the anxious, excitable student was distinguished from his cooler companion by a greater excretion of phosphates. But exalted function must always be followed by depression, and an excess of phosphates at one time will bring a diminution at another.

When giving expression to these views I have been asked why we never used to hear of nervous exhaustion. The answer is two-fold. In the first place, disorders that were formerly called "liver complaint," "dyspepsia," etc., are now recognized as merely the symptoms of "exaggerated nervous mobility," and treated accordingly. Again, the nervous strain of this age is immense when compared to that of even a generation ago. More rapid intercommunication, an increased consumption of tea, coffee, alcohol and other stimulants, a greater possibility giving rise to an increased desire for wealth, diminished rest to the nervous system through the improvement and cheapening of artificial light, the more general diffusion of literature and a system of education which exhausts the vital powers of youth before they attain maturity, are only a few of the ways in which the nervous system is more heavily tasked than ever before in the history of the world.

I have nothing new to suggest regarding treat-

ment. If the theory be true, as I believe, that an excess of phosphate is caused by some irritation of the nervous system, it follows that our principle reliance must be on rest. Whether the complaint take the form of dyspepsia, weakness, anæmia, paræsthesia, insomnia or anything else, this must constitute the foundation of rational treatment. And this principle requires first to be applied to the digestive system. Many of these cases pit slightly on pressure all over the body, due to the deposit in the tubules of phosphatic crystals. A lowering of the diet increases the acidity of the urine, the tubules are cleared out, and, with or without the aid of a saline diuretic, the œdema is removed. In cases due to insolation or injury, counter-irritants are often singularly useful, to the base of the brain or along the spine as may be indicated.

There is no specific for these cases. Nitric acid and strychnia, as recommended by Golding Bird, are useful only so far as they improve nutrition. No amount of acid administered seems to have any appreciable effect in increasing the acidity of the urine, but this is soon effected by reducing the diet. This is an important point, for the more perfect the solution of the phosphates, the less likely they are to cause irritation of the kidney and the consequent œdema. I am fond of prescribing potass. bitartrate, in cases presenting any œdema, for the removal of this is necessary to an improved state of nutrition. Bromide of potass. is sometimes necessary to enable a patient to get sufficient rest; bismuth acts as a nervine tonic through its influence on digestion. Iron and quinine are useful after the nervous agitation has been soothed, and the condition of digestion improved.

I strongly object to the indiscriminate use of a tonic and stimulating line of treatment of such cases. Under such a course the patient gets relief, and is very well satisfied; but he does not know at what a fearful cost to the reserve forces of his system the respite has been purchased. Such treatment represents just so many drafts on his latent vital forces. No additional force has been put into the body—only measures which call out its reserves have been used, and the time soon arrives when such

drafts are dishonoured, the system fails to respond to such demands, and the patient becomes a hopeless nervous wreck. The onward march of rational medicine demands that such a ruinous policy be abandoned for the more enlightened course of husbanding our reserves.

DISCUSSION ON SURGERY.

BY F. W. STRANGE, M.D., TORONTO.

(Read before the Ont. Med. Association, June, 1887).

When I received the honor of an invitation to open the discussion on Surgery at the present meeting of our Association, I was, at the threshold of my attempt, embarrassed with the extent and richness of the wide field from which I had been requested, by our esteemed President, to glean a few ears of surgical grain for mutual discussion. Reflecting on the objects and scope for which we are gathered together, and remembering that our membership is composed, for the most part, of gentlemen busied in the arduous and noble lives of general practitioners, I considered that it would not be amiss to abandon the customary plan of submitting for discussion a thesis on a subject which, while of important interest to all surgeons, falls more especially within the province of an hospital surgeon, and to substitute therefor some topic with which we are all familiar, and with which we all have more or less constantly to deal.

I have, therefore, ventured to introduce a group of subjects which have certain kinship, and to ask the gentlemen around me to contribute their views and experience on the treatment of

I. Whitlow; excluding from this term paronychia and superficial abscess of the fingers.

II. Phlegmonous erysipelas.

III. Carbuncle.

And first as to Whitlow. We are all acquainted with it, but woe to the surgeon who allows his familiarity to lead to contempt. I think I am safely within the mark when I say that I honestly believe I have seen as many permanently damaged and deformed fingers, resulting from whitlows neglected or badly treated, as I have from direct injuries from

accidents. A man enters my surgery with the end of one of his fingers hard, red, swollen, and exquisitely painful. The slightest pressure will intensely aggravate the pain. He tells me has run a splinter of wood, or possibly a rusty tin tack, into the part, or has injured the finger by a crush or bruise. Occasionally no exciting cause has been noticed. I summon my pathological knowledge to my aid, and I see that there is an intense inflammatory process going on in the pulp of the finger, commencing in the dense cellulo-fibrous tissue in which the unguis phalanx is imbedded, and causing more or less irritation and inflammation of the lymphatics of the arm. But if the case be a more extended and severe one, I shall probably find that the inflammation extends to the sheaths of the tendons, that the whole finger participates in the process, that the back of the hand has become puffy, red, and swollen, presenting the ordinary characters of erysipelas, and that the palm of the hand has swollen and become white owing to the thickness of the cuticle and its close connection with the fascia. Having satisfied my mind as to the pathology of the case, the next thing to consider is what shall I do for my patient, how shall I treat him? Many are the vaunted abortive remedies. Plunging the finger into very hot lye, human or otherwise, is a favorite panacea to the lay mind; so also is an abominable plaster of soap and sugar, which to my mind only adds to the mischief by increasing the tension of the part. I have known them tried often, with no success. Painting the part with nitrate of silver or tincture of iodine has been extolled, but in my hands has utterly failed. In fact, in my experience, all the highly extolled abortive remedies have indeed proved abortive remedies and nothing else. Some practitioners are content with ordering hot poultice after hot poultice, as the only topical remedy, with a view to bringing the whitlow to a head. I regard this expectant measure as one fraught with the greatest danger to the vitality of the part. By its means, no doubt, suppuration is hastened; but, alas! instead of coming to the surface—to a head as it is called—the pus has a much greater tendency to burrow along the sheaths of the tendons, and produce

that lamentable condition of things of which I have before spoken. My own practice is, the moment I see a case of whitlow, and am sure of the diagnosis, to plunge a scalpel through all the tissues well down to the phalanx, and make as free an incision as the parts will permit. I never wait for evidence of suppuration. I am content to relieve tension, obtain local depletion, and make a way of escape for pus in advance of suppuration. This having been done, I soak the incision for a few minutes in water as hot as can be tolerated, in order to encourage bleeding. Now is the time to apply the hot poultices without stint and without fear. I then order a brisk purgative or two, rectify any general condition that may be noted, by means of appropriate medicines, and dismiss my patient with fair assurance of speedy restoration to health and work.

The arm has swollen and becomes a deep scarlet in color, with pungent burning pain. The swelling is first œdematous, then tense and brawny with the skin stretched to its utmost capacity. In fact the arm is laboring under the second subject for our consideration, viz., phlegmonous erysipelas. What follows? Resolution occasionally though rarely occurs; but usually, hidden by the change of size and color, pathological changes of a deadly character quickly ensue. Suppuration and necrosis attack the deeper structures involved in the process, both soft and bony, and the sufferer's limb, nay his life also, is in imminent peril. There must be no dallying now with the expectant treatment. The patient's safety lies in the surgeon's scalpel. Numerous parallel longitudinal incisions from two to three inches long, avoiding the positions of the arteries, and sufficiently deep to reach the bottom of the inflammatory process, which, in the limbs, is usually limited by the deep fascia, should be made. This practice was originally introduced by Mr Hutchinson, and modified by Mr. South so that the parallel incisions should alternate with each other. Here, again, the knife should be beforehand with the process of destruction. The relief of tension, the free escape of exuded serum, and the local blood-letting are so many ministering angels to the suffering parts. Should hemorrhage ensue too freely from any

of the incisions, it is easily controlled by a plegget of lint stuffed into the incision, and pressure for a few moments by the fingers, or a pad and bandage. The incisions should then be covered with a piece of antiseptic gauze or lint, and hot fomentations or poultices, containing a watery extract of opium to soothe and tranquilize the injured nerves, should be constantly applied.

Such, in my judgment, is the only local treatment on which much reliance can be placed. It is true, as I mentioned a moment ago, that occasionally under very favorable conditions, and by the aid of appropriate internal remedies which I shall have occasion to refer to shortly, aided by hot external appliances, especially a strong lead and opium lotion, resolution may occasionally take place. But how is the surgeon to foresee this happy result? I know of no rule by which he can govern his action. Extended experience, and profound judgment may enable him to do so, but I fear he is just as likely to err as to hit the mark. My strong conviction is that early incisions through the entire depth of the morbid process, both arrest the progress of the disease and, to a great extent, limit the area of suppuration and necrosis, and preserve intact, structures which, if not so treated, would inevitably become greatly damaged, or even die. On the other hand, supposing the case to be one of the fortunate ones in which resolution would have supervened, and the surgeon has made his incisions. What damage has the patient sustained thereby? Simply little or none. Resolution will be, if anything, hastened. There will be slight suppuration from the surface of the incisions, but they will rapidly heal, leaving only a few white lines in the skin to mark the site of the battlefield on which disease and the surgeon have measured swords.

In considering the general treatment of such a case, we must not lose sight of the type of patient who is generally the victim of the disease. It is most common, I believe, in those who have been intemperate in eating and drinking. Next to these, I should place those whose health has been impaired by hard work and privation. In both cases, it is well to cleanse the portal system, and unlock the bowels. In

the intemperate class, much benefit will accrue from a good, prompt emetic, followed by saline aperients. In the over-worked class, I should omit the emetic, and administer warm stomachic aperients. Following this, as soon as the tongue begins to clear, I order tincture of iron, 15 to 20 drops every four hours. I do not possess the faith that iron is useful in cutting short erysipelatous inflammation, such has not been my individual experience, but I place it in the highest rank as the best drug we possess to restore the health of such individuals to its proper balance, and to hasten permanent convalescence. Quinine, mineral acids, and strychnia may also be necessary. This disease is one of those in which I say unhesitatingly, that the administration of alcohol is frequently absolutely necessary. It has bridged over many a bad case for me, and is, in my opinion, one of the most useful drugs we have in combating the disease. Opium also in many cases is of great service as a stimulant.

I now pass on to the consideration of the treatment of carbuncle. Here again we have a spreading inflammatory condition attacking the subcutaneous cellular tissue, which rapidly runs into slough and suppuration. The slough is characteristic of the disease. The cellular tissue involved, breaks down into greyish or ash-colored sloughs. The skin covering the part affected becomes slightly elevated, assumes a purple or brownish red tint, becomes undermined, and gives way at several points, forming openings through which the ash-grey sloughs appear, and from which an unhealthy, purulent discharge, scantily issues. The extent of the disease varies from one to several inches across. The local treatment of carbuncle is one in which great diversity of opinion exists. Sir James Paget, Mr. Le Gros Clark, and others emphatically urge the expectant or do-nothing plan. Destruction of the diseased part by nitrate of silver or caustic potash has its advocates, while others regard the time-honored crucial incision as the best method. In view of such diversity of opinion, it may appear somewhat arrogant and presumptuous on my part to speak decidedly in favor of either plan, but every surgeon should have the courage of his own convictions, and I have no hesitation in giving my allegiance to

the crucial incision. The incisions should be made sufficiently free to reach healthy tissues, both at the base and the sides of the sloughs, and this is the point to which the surgeon should direct his chief attention. If the incisions are carried short of this, the spreading of the disease will probably continue, and the operation prove in a great measure futile. If healthy tissue be reached by the point of the knife throughout the entire length of the incisions, the spreading of the disease will be immediately checked, the sloughs will be rapidly thrown off, and a healthy granulating surface appear. Profuse, primary or secondary hemorrhages may occur, but as the disease in most cases is situated at the back of the neck and trunk, it is not difficult to apply sufficient pressure to control it. I have made incisions of this character, over five inches in length, and have seen no bad effects therefrom; but on the contrary have been gratified at the beneficial result. So strongly am I convinced of the desirability of the crucial incision, that were I the victim of carbuncle, I should urge my professional attendant to resort to it.

Mr. Timothy Holmes, who is in favor of the crucial incisions, records the case of a "man admitted into St. George's Hospital, in whom a carbuncle had been treated on the expectant plan, and the result was an immense ulcer occupying the whole of the nape. Soon after his admission another carbuncle formed, and was rapidly extending. A crucial incision soon stopped its course, and he recovered with hardly any mark from the second carbuncle, forming a striking contrast to the tremendous ravages of the first."

After the incisions have been made, hot poultices should be applied to hasten the separation of the slough, after which stimulating ointments, such as the ung. resinæ or ung. terebinthinæ will increase the vitality of the part, and hasten the growth of granulations. I have never had occasion to substitute any of the caustics for the knife, and consequently have no remarks to offer on the plan of treatment by these agents, but I can imagine the objections to their use on account of prolonged pain, and constitutional irritation.

As the disease is one of advancing years, and almost invariably occurs in persons whose con-

stitutions are broken down by concurrent diseases of the viscera or blood, our general treatment resolves itself into one of support and nourishment, and of all our drugs, opium in small, continued stimulant doses, is paramount. Half a grain of pure opium every six hours, increasing the quantity if necessary, acts like a charm. It subdues the pain, equalizes and strengthens the heart's action, soothes the nervous irritability, and produces refreshing sleep. Stimulants also, especially good, sound red wines, porter, and ale are of great service. Co-existing diseases must of course be treated on their own merits.

I have as briefly and concisely as possible gone over the ground of the treatment of these three affections, merely introducing such of the pathology of each as is necessary to keep the bent and scope of our discussion directed to the best methods of restoring the damage done by those pathological changes. I have purposely avoided all speculative inquiry into the remote causes of these diseases, and have endeavored to open the discussion as practically as I could. The surgical point which I have endeavored to make, is this, that in all three affections, the early and free use of the knife does actually limit the extension of the disease, and is greatly conservative to the integrity of the part attacked, and that in all cases in which deep structures are threatened with destructive inflammation, the employment of the knife should if possible precede the destructive process. If empiricism is understood to mean that which is founded on experience, I must confess myself an empiric, and in that character I beg to express the hope that the gentlemen around us to-day, more especially those who live in the country districts, and who are compelled by force of circumstances to be more self-reliant and self-dependent than those who dwell in the cities, will sustain this discussion, and favor us with their practical experiences on these questions. By doing so, they will aid in the advancement of our Association, and assist their professional brethren in their difficult labor of subduing pain, and easing the burdens of their disease-stricken fellow-creatures.

About fifty students are now in attendance at the Hospital Summer Session.

PELVIC HEMATOCELE.

BY DR. POWELL, OTTAWA.

(Read before the Ontario Medical Association, June, 1887.)

I would ask your attention a few moments to a case I propose to relate that recently came under my observation, causing me much anxiety for my patient's welfare, and much satisfaction and surprise in its happy and unlooked-for termination. I have termed the case one of pelvic hematocele, as I believe that term, in its wider signification, covers all those cases of blood effusion into the pelvic cavity, which are bound down either by adhesions or by the regular tissues of this region, and are thereby converted into the so-called blood tumors, and this whether the effusion be intraperitoneal, retro-anti- or peri-uterine, which I believe is the most common variety, and due to several causes, or extra-peritoneal into the cellular tissue of the pelvis, which is less frequent. I would probably be more correct, and in greater accord with modern nomenclature, were I to term my case a pelvic hematoma, and no doubt this would indicate to the large majority of my hearers the pathological condition present.

I have made a tolerably careful search through the literature at my command, but have not met with a case similar to the one I propose to relate, though cases of the same nature are referred to by Dr. West, M. Virsin and Beruntz, and also one by Cogeaux, and I regret not having access to the latter's cases, because in Dr. Playfair's work on the "Science and Practice of Midwifery," an aggravated case of Cogeaux's is there referred to, though the details are not given. The best description of the condition as it applies to my case, that I have read, I may mention is in the work just referred to—Playfair's "Science and Practice of Midwifery." On March 2nd, this year, I was hastily summoned to Mrs. P—, said to be in labor. On my arrival I found that she had been taken in labor at full term at noon, that it had progressed very rapidly with strong expulsive pains, and that the child, a well-developed female, had been ushered into the world quite unexpectedly by a strong expulsive

effort before the mother was in proper position on the bed, she not anticipating the birth so rapidly. It was born, therefore, before I entered the house. The mother was a strong, healthy woman, an artisan's wife, aged 25, and she had enjoyed excellent health throughout gestation. I recognized her as having attended her in her first labor in September 1884, when, on reference to my note-book, I find she was delivered of a healthy female child at full term, the labor being in all respects normal, and she made at that time a rapid and complete convalescence. She informed me that since September 1884 she has had two miscarriages. I may say that on this present occasion my friend Dr. McDougall had been engaged to attend, and it was in his absence that I was summoned so hastily. I satisfied myself that there was no hemorrhage, and moderate pressure on the fundus, which was well contracted, soon expelled the placenta. The third stage was quite normal, as was also the placenta itself, and no hemorrhage followed; indeed, she lost less blood than usual on such occasions. I left her after careful bandaging, and she expressed herself as quite comfortable and in no pain. This was at 2.30 p.m. I sent a message to Dr. McDougall to see his patient on his return home. Within an hour a message reached me that Mrs. P—— was in great pain. I sent her a morphia powder to soothe her if pain continued. At 5 p.m. I was sent for hurriedly, the message stating that she was still suffering severely. On my arrival I found that Dr. McDougall had been there, and had given her a morphia powder, and that she had also taken my half grain, but had experienced no relief. I was struck by her appearance, which was that of acute suffering and of fear. She was blanched, her features were pinched, and she complained of an agonizing pain, not in the lower abdominal region as I had supposed, but in the lowest segment of the rectum, and as she expressed it, she wanted to pass something and could not, though she was straining quite vigorously. I at once instituted an examination, and to my horror, on passing my finger into the vagina at once encountered a firm, elastic, tense tumor filling the pelvis almost completely. The vagina was flattened towards the pubes, and I could

not reach the os uteri. On rectal examination the same tumor was felt through its walls, the rectum being also flattened, not directly backwards, but rather towards the right side of the pelvis, and the sensation to the finger was the same as per vaginam, viz.: firm, tense and elastic. The hand placed on the abdomen, the fundus was felt pushed high above the pubes, and to gain slight comfort the bandage had been unpinned by the nurse half-way up. The bowels had been well cleared the morning of the labor by castor oil, and she had passed water freely before the onset of labor, and during the pains as well. I felt I had to deal with a pelvic hematocoele, and its situation, to my mind, forbade the intraperitoneal variety. I was not alarmed as to the hemorrhage itself, because I knew that in all likelihood it would be controlled by the pressure exerted through the pelvic viscera and cellular tissue, and, besides, her appearance rather suggested a condition of fear and nervous shock than the blanching due to excessive loss of blood. Her lips were not completely anæmic, and her pulse was fairly good. The flattening of the vagina was such that I feared, perhaps, the lochia would be obstructed. Pain, then, was the chief symptom I had to deal with, and, as I say, it was referred entirely to the lower rectal region and about the coccyx. Dr. McD. not being expected home for 6 or 7 hours, I administered a full hypodermic dose of morphia and atropia into the coccygeal region, which soon gave complete relief, the pain not returning till about 5 or 6 a.m. the day following. About 9 a.m., 3rd March, Dr. McD. and I visited her. The symptoms had not changed. The intense pain had returned in the rectum with the desire to evacuate something; her appearance, however, had greatly improved since the preceding day. The lochia had been normal in quantity and quality. She had not passed water, so we catheterized her and again gave a hypodermic in the coccygeal region. The local pelvic condition was unaltered, but as far as I could judge the hemorrhage had not increased, as the facts all bore about the same relative position as the afternoon before, and the tumor gave the same sensation to the touch. Dr. McD. agreed with the diagnosis, and the woman being fairly comfortable when the pain

was in abeyance, and the lochia being properly established we determined to let well alone, giving a very guarded prognosis. That evening she was seen also by Dr. H. P. Wright, who agreed with the diagnosis and course we proposed to pursue. Another hypodermic was then given.

On the morning of the 5th, at the usual visit, there was a subsidence of the symptoms, the woman expressed herself as feeling comfortable, was in no pain and had lost all sense of distress. She said that very early in the morning she felt as if something had given way, to her great relief, and on examination it was found that nature had done what art feared to interfere with, and that the cellular tissue about the ischio-rectal fossa had given way to the blood, had forced its way down beneath the perineal fascia and had extravasated between the layers of cellular tissue and fascia under the skin of the inside of the left thigh and over the buttock to the outside of the hip, and no doubt also between the layers of gluteal muscles, as the left buttock felt firm and resisting in the region of the large ecchymosis. On vaginal examination there could still be felt a soft boggy swelling, quite unlike the former firm, elastic, tense one, and it was no doubt the melancholy or rather happy remains of the pelvic hematoma. No untoward symptoms occurred to mar the convalescence which was rapid and in all respects normal, and the patient was out of bed in a fortnight. The remains of the tumor were gradually and rapidly absorbed, and on the 2nd of May I had the privilege of examining her and found no trace whatever of her former tumor. She was strong and well and her appearance did not belie her, and she was preparing to leave town for the Eastern Townships to earn a holiday. Now, in considering this case, to me a most interesting one, I believe it is almost unique, though the condition, as I remarked before, is referred to casually by several authors. It is so by Meadows in his work on Midwifery, yet writing in the *Lancet* of Nov. 15th, 1873, he says he never yet met with a case of pelvic hematocele or thrombus where the blood was effused in the cellular tissue of the pelvis outside the peritoneum; and again he says, "In a certain number of cases,

but they are in my experience very rare, the hemorrhage occurs in connection with pregnancy, or rather with delivery, either at term or more commonly prematurely, especially during the earlier months." This must, of course, refer to the usual intraperitoneal variety when taken in connection with his former statement. I mentioned before some authors who refer to somewhat similar cases, but I have not access to the details. While speaking of the causes, Thomas says that they are predisposing, because it is rare to meet with the disease in a woman who has previously been in perfect health. In the case under discussion no bad condition of the health was observable, though pregnancy was here the predisposing cause. Speaking of the exciting causes, Thomas coincides with the other authors who have dealt with this subject, and the only one that would seem to cover our present case is given by him as "violent efforts." The most recent article is that by Lawson Tait, and he may be quoted freely as probably the highest authority on this subject, and certainly the one whose writings are the most lucid and the most free from confusion and mystery. The article I refer to is the Ingleby Lecture of last September, given in full in the *Lancet* of October 30th, 1886. Speaking of extra-peritoneal hematocele, he says there are only two causes known to him—one very common, viz., a sudden arrest of a metrostaxis, and this may be that observed after abdominal operations or ordinary menstruation; and the other very rare, viz., rupture of a tubal pregnancy about the 12th week. In these cases the hematocele takes place into the broad ligament. As to the cause of the hemorrhage in the case we are considering, of course it is obscure, and fortunately a *post-mortem* examination did not step in in this case to throw light on the question, but it was in all probability due to rupture of one of the veins of the plexus about the cervix and upper part of the vagina. It is easy to understand that during pregnancy these veins are apt to become gorged and even varicose, just in the same way as occurs in the labia and thigh and even the leg, and in this present case I incline to the opinion that the cause of the ruptured vein was the almost precipitate labor, for such it was at

its termination, and the violent expulsive effort of the woman just as the head reached the perineum caused the vein to tear. It certainly did not take place prior to delivery, because such a tumor would have prevented anything like a rapid ending to a labor, and besides when I delivered the placenta I would most certainly have been struck with such an abnormal condition even if the patient had not complained of pain or of anything unusual in her sensations, and no such hematocele could occur without attracting her attention as to something unusual having happened. As a matter of fact, no word of complaint came from her up to the time I left the house, which was about half an hour after the delivery.

REST IN THE TREATMENT OF WOUNDS.

BY DR. MURRAY, OF THORNDALE.

(Read before the Ont. Med. Association, June, 1887.)

On the 18th of Feb., 1885, I was called upon to treat a lacerated wound of right thigh of J. Mc—, aged—, who had been gored by a bull; the upper wound extended nearly into the bone; and the adductors being torn through, the sheath of the femoral vessels was exposed. The horn of the bull being short and blunt, allowed the artery to slip off the end, but tearing the sheath of the vessels six inches below, the horn had passed through under the artery without tearing through. The tissue between these two wounds sloughed away, leaving the femoral artery exposed in the upper part of its course. What I feared was, that there would be hemorrhage from the injured artery at a point where it had been injured, but during the critical time we watched it night and day, the nurse having instruction to compress the artery until I arrived. A question just here comes in, in case of hemorrhage above the profunda, would there have been any other alternative than amputation, the one upon which I had determined? The wound was dressed antiseptically, a perforated drainage tube placed through the wound, the ends being covered with antiseptic compresses, the discharge was not very great. We cannot lay down any

fixed period when the first dressing should be removed. When through a crush or a bruise we are uncertain whether there will be sloughing, absolute quiet of the part is essential. To use a legal phrase, the surgeon should show cause why he should interfere before he does so, for it is not to be denied that even with the gentlest and most skilled manipulation there must of necessity be some interference with the reparative process, some slight tearing away of the new reparative material, some taking away of support where support is essential, or removal of local pressure when such is needed. The point upon which I desire to lay stress is the absolute rest of the injured part; complete immobility of the part should be guaranteed by the judicious application of splints, pads and bandages; this fact, like the ten commandments, needs continual enforcing, the tendency is to do something. Our position should be one of "masterly inactivity." The prisoner is given the benefit of the doubt; where the life of the part hangs in the balance, treat it as though we believed it would live, and how can we better do so than by making the conditions as favorable as possible for the spark of life that remains. Public speakers often forget some of their best thoughts when on the platform, and I am reminded by my experience in this case that the surgeon is apt to do the same; on dressing this wound the first time I did not place myself in the most comfortable position. He should therefore place his patient in the most comfortable position he can and then place himself comfortably, for no surgeon can do his work well if he is in a constrained position. The wound must be kept clean under all circumstances and free from every septic risk, the wounds of the class we are considering particularly. A wound must be kept quiet if repair is to go on steadily, and this quiet is as necessary for the lacerated as the incised wound or the fractured bone.

CHOLERA INFANTUM.—Dr. Her (Ottessa) extols the hydrochlorate of cocaine in cholera infantum. He has used it successfully in cases where the limbs were cold, the eyes sunken, face cyanotic, and the pulse very rapid. He gives a centigramme every hour or every two hours as indicated.—*Lyon Médical*.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

TREATMENT OF SCABIES; CLINIC.

BY PROFESSOR KAPOSÍ.

The treatment of scabies, so simple as it is, so clear the indications, so effectual the remedies at our disposal, is however not so simple after all. Before we had any suspicion of the existence of the itch insect and the people with a practiced eye recognized the disease, a remedy was known for it, and sulphur was used to cure the itch as far back as there is record in history, and is still a sovereign remedy against it. Since scabies has been recognized as a disease which is produced by certain epizoon, the *acarus scabiei*, much consideration has been given, both in relation to the remedies for its cure and also the methods for their use. Besides sulphur are used solutions of certain metallic salts as sulphate of copper, then also petroleum, balsam of Peru, styrax, soaps, pix liquida, and other preparations of tar, also a great variety of the æthereal oils as juniper, rosemary, cloves, etc. In earlier times it was the custom—and sometimes is the custom among the people now—that the patients before being anointed were placed in a bath and rubbed with soap, then some sulphur or mercurial application was made after which, being wrapped up in blankets and a diaphoretic drink administered, they were allowed to sweat. This method which was much practiced in England was called the “English cure.”

A rational treatment of scabies must proceed from a definite standpoint. The question must be decided, what remedy, which method, and under what circumstances it should be used. Scabies is an eczema produced by a particular cause, a cause which continues to exist, viz., the *acarus scabiei*. The first indication therefore is to remove the cause. If the eczema be cured by itself, the insect will continue to irritate the skin and the patient will still have the disease. A remedy must therefore be used which will destroy the insect and its eggs. Such a remedy

acting chemically can produce eczema by itself, therefore it is important to use that remedy which will most quickly destroy the insect and its eggs and at the same time cause the least possible irritation of the skin and even relieve the eczema. It is further of importance to secure a medicine whose action in destroying the insects and their eggs is evident to the eye. Certain remedies cause eczema papulosum, which is itchy; the patient scratches himself, and you don't know whether he scratches because of the eczema or because the *acarus* is not yet completely destroyed. With the balsamic remedies, such as balsam of Peru, styrax, petroleum, etc., one cannot know, owing to the condition of the epidermis, whether the medicine has entered the furrow of the insect and killed it. By the use of tar, this enters the furrow, which immediately becomes black as if injected with ink, and as the *acarus* cannot survive tar, one knows that it is destroyed. If now the patient continues to be itchy, and one finds that in every part of the body the tar has entered the tracks of the insect, one at once discontinues its use and employs the most soothing remedies to relieve the irritation of the skin. Here, in the clinic, the treatment of scabies averages with men from three to five days, and with women five to seven days, because an eczema about the nipple, which is common in women with scabies, is very obstinate, and often requires three months to cure. The treatment of scabies is only completed when the eczema produced by it is also cured, hence we do not consider here the patient cured when our application has been made, but only when the skin is restored to its normal condition. In the milder form one application of an efficient remedy suffices, but when the disease has lasted months, and the accompanying eczema has become intense, then several applications are necessary to complete the cure. Of the numerous remedies which have been employed against scabies, one of the best is the modified Wilkinson's ointment:

R Flor. sulphur. æ
 Rusci ana. 20 parts.
 Sapon. virid. 40 “
 Pulv. creta alb. 5 “
 Adipis. 40 “

The ointment is a brownish black, and every furrow is injected by it, the epidermal layer shrivels up, and the eczema is to some extent improved. This is an excellent remedy; after many experiments with other remedies we have always returned to this one. We have used the balsams for years, but they have not supplanted Wilkinson's ointment. A great objection to the latter, however, is that it is black and smells strongly. Many patients will not submit to be anointed with it on this account. A few years ago I discovered a remedy which had not this disadvantage, and that is naphthol. Prof. E. Ludwig has investigated to learn what was the particular constituent in tar which diminished the itching, caused shrivelling of the epidermis in the eczema and reduced the hyperæmia, etc. With this view, we have tried many substances and after different experiments have found naphthol a very efficient remedy. Naphthol is an ash gray, violet-tinted substance which has a smooth crystalline feel, insoluble in water but easily soluble in alcohol and oils, forming a clear solution. Too frequently applied it produces an erythema toxicum. Naphthol is therefore a poisonous substance, it is very quickly absorbed and is removed from the system by the kidneys. Therefore care must be exercised in the method of its use. Lesser employed a scabies ointment with 25 per cent. of naphthol and observed unpleasant symptoms as a result. I have advised only a ten per cent. solution. It has been used in immense doses—which I have condemned—and in some few cases a fatal termination has resulted. In our experiments with naphthol we observed, in the case of a boy on whom a 5 per cent. solution had been used, an acute attack of eclampsia supervene and Bright's disease develop. However, after 8 to 14 days the symptoms subsided, and then he bore the naphthol very well. Since then we have seen no disagreeable result from the use of naphthol so long as we kept within the above-mentioned limits. In prurigo we use a 5 per cent. solution of naphthol for weeks, but for scabies, after the application of a 5-10 per cent. ointment, the acari are destroyed. Now, however, when we have established the physiological fact that the naphthol suffices to destroy the acari, it is advisable also,

in order to alleviate the accompanying eczema, as quickly as possible, to use green soap in addition. We have accordingly produced an itch ointment, the ung. naphtholi co.

R. Naphtholi.....15 parts
Saponis virid.....50 "
Adipis.....100 "
Pulv. cretæ alb.....10 "

The patient is anointed with this salve without any bath previously, whereby the skin might be irritated. This ointment is applied only once, whilst the Wilkinson ointment requires always two applications. The naphthol ointment further is colorless and odorless, and as a comparatively small quantity is used the linen is not ruined but acquires in course of time only a violet hue, and does not become filthy as with tar. Further, with the naphthol ointment the skin feels soft and supple. After the application the patient should lie quietly in bed for a few hours between woollen covers. Such has been our treatment since April, 1883, and since that time we have had no reason to depart from it. Now and then we use the Wilkinson salve because it has, perhaps, a better effect on the eczema. Other remedies which may be used with good results in scabies are balsam of Peru and petroleum. The latter, however, is a dangerous remedy owing to its combustibility, and we are not justified in placing in the hands of people in the lower ranks of life—and it is among such people that scabies most frequently occurs—a remedy which requires so much care; the poor people are not in a position always to watch their children who might easily cause it to inflame. If one uses petroleum, one should always mix it with something which lessens the danger of combustibility, such as balsam of Peru. Petroleum has also another disadvantage, in that it smells disagreeably, and also irritates the skin in eczema. Therefore, since we have so many anti-scabietic remedies, I am against the use of petroleum. Balsam of Peru is a very good remedy if the symptoms are very slight; styrax also answers the purpose, but it is sticky and filthy and smells abominably; besides, on account of its tough consistence, one cannot use it alone; mixed, however, with other remedies it does very well. For instance:

R	Styrac. liquid.....	10 parts.
	Petrolei venal.....	20 "
	Bals. Peru.....	5 "
	Spir. sapon. kalin...	20 "
	Flor. sulphur.....	10 "

To be well shaken before using. The celebrated Alibert remedy is chiefly a simple sulphur ointment.

R	Lact. sulphur.....	20 parts.
	Ung. emollient.....	100 "
	Sapon. medicin.....	5 "
	Ol. neroli.....	gtt. x.

The Bourgonignon ointment is very expensive and smells strongly, besides all æthereal oils irritate the skin. For all that is necessary, however, sulphur will suffice, and it may be made into an ointment with lard or butter or soap. You will observe therefore that for itch remedies we labor under no difficulty.—*Wiener Medizin Zeitung*. G. R. McD.

LAWSON TAIT AT HOME.

. . . The next morning, at nine o'clock, found me again at Mr. Tait's house, as the operations were to be performed in his private hospital, which constitutes a part of his house. I was shown into a room where a number of physicians had congregated. As we were all strangers to each other, silence reigned supreme until we were informed by one of the nurses that everything was ready. We filed up a flight of stairs and entered one of the rooms, where we found Mr. Tait standing by the side of the anaesthetized patient in his shirt sleeves and a rubber apron. The temperature of the room was comfortable. A female assistant administered the anaesthetic, and a young physician stood opposite Mr. Tait ready to render assistance, but it soon became evident that his presence was more ornamental than useful, as the operator appeared to require no assistance. The few instruments that I saw were kept in clean pans. The often described bag containing the sponges was hanging from a nail upon the wall, and was taken down and a few sponges thrown into a basin of warm water. The patient's abdomen had not been shaved, and was now sponged off lightly and covered with

a rubber cloth with a slit in the centre. The first patient was a lady, about fifty years of age, suffering from an abdominal tumor which extended a little above the umbilicus. The abdominal incision was made quickly, and was about two and a half inches in length. The omentum was found adherent to parietal peritoneum, and the adhesions were separated by tearing. As soon as the cyst was exposed it was tapped with the blunt fenestrated trocar devised by the operator. This instrument does not cut the tissues when it is pushed through the cyst wall, and consequently extravasation along the side of the tube does not take place, a source of trouble and danger attending the use of all trocars with a cutting edge. The pedicle of the cyst was twisted and appeared like an umbilical cord. The pedicle was transfixed with a long needle slightly curved at the end, and threaded with medium-sized Chinese silk, which, after the needle was withdrawn, was tied into a Staffordshire knot. The operator showed his unlimited confidence in this method of tying by dropping the pedicle at once in every instance, without examining the cut surface or separately ligating any of the visible vessels.

The immense experience Mr. Tait has had in this manner of securing the pedicle certainly entitles him to speak with authority, and after seeing him tie five pedicles I am convinced of the advantages of the Staffordshire knot over the ordinary methods of tying, and should recommend its general adoption. During the whole operation I observed that the abdominal wound was kept practically closed, either with the cyst, the pedicle, a sponge, or the fingers of the operator. This I observed not only in this case but in all of the three cases, and to this circumstance, undoubtedly, a great share of the wonderful success of Mr. Tait must be ascribed. The operations are done, as it were, subcutaneously, thus reducing the danger from infection to a minimum, provided the hands of the operator, the instruments, and the sponges are aseptic, and that this is the case in Mr. Tait's practice I became convinced, and his results only corroborate this statement. Mr. Tait may not be an antiseptic surgeon, but he is certainly, in principles and practice, an ideal aseptic sur-

geon, whether he is willing or unwilling to acknowledge such a designation. The abdominal wound was closed with four deep sutures. A small gauze compress and a thick layer of cheap cotton, with a wide flannel bandage, constituted the dressing. Time of operation and dressing, twelve minutes.

As soon as the operation was completed, the visitors were requested to retire to the same room, where I spent half an hour in meditation, trying to unravel in my own mind the mysteries which had led this wonderful man to such unparalleled success, when I was aroused from my dreaming condition to reality by another message that everything was ready. The little crowd of seekers for knowledge were led into another room, where we could hardly find time to arrange ourselves around the table when Mr. Tait was already in the abdomen with his bulky index finger, searching for the ovaries. In this case the incision was a mere button-hole. We were informed that the removal of both ovaries and tubes would be done for the purpose of preventing pregnancy in the future, as the patient had suffered greatly during and after delivery on account of a contracted pelvis, including the formation of a vesico-vaginal fistula, which, however, had been cured by operation. Both ovaries and tubes were removed. It was also stated that the patient was suffering from prolapse of the uterus, and this opportunity was utilized and the uterus was stitched to the inner surface of the abdominal wound after both tubes and ovaries had been removed. The whole operation, including the dressing, occupied only seven minutes. I forgot to mention before that the dressing is first fastened upon the abdomen with numerous strips of adhesive plaster which overlay each other, and embrace about two-thirds of the circumference of the body, over which another cotton compress is applied, and retained with a broad flannel roller.

To me the indications which had led to the removal of the ovaries and tubes in this case afforded abundant food for serious thought. There can be no question in my own mind, and in the mind of anyone who has the well being and happiness of his fellow-beings at heart, that it was not desirable that this woman

should again be exposed to the dangers of another pregnancy, but as a practical American it occurred to me that it would have been wiser to resort to the less hazardous procedure of unsexing her husband, which would have certainly secured the same immunity at a minimum risk to life, and morally would have been more justifiable. This poor creature had suffered untold agonies, and why submit her to such a serious operation to procure sterility, when the same object could have been reached without any danger to life by unsexing the other party?

The third operation was set for twelve o'clock. I was told the evening before that this patient was probably suffering from a pelvic abscess, and I was exceedingly anxious to see the operation devised by Mr. Tait for the radical cure of this often intractable affection. The abdomen was again opened by an incision only sufficiently large to introduce two fingers. A brief digital exploration resulted in the announcement that the swelling in the pelvis was not an abscess, but a small fibroma of the uterus. As it was claimed that this tumor must be the cause of the recurring attacks of pelvic inflammation, it was decided to again remove the uterine appendages. One of the ovaries was adherent, and required more than the usual length of time for its removal. Duration of operation and dressing, nine minutes. The explanation of the cause of the pelvic inflammation was new to me, as I had always entertained the idea that submucous and interstitial myo fibromata of the uterus, even when of large size, seldom gave rise to inflammation of the adjacent or contiguous tissues, but for the sake of the patient I hope that the interpretation of the case was correct, and that the operation will be the means of preventing future attacks, as the patient, who has lost one of her most important organs, is certainly entitled to an equivalent of happiness in another direction.

From what I gleaned from my observations in the practice of Mr. Tait, I have come to the following conclusions: 1. He is a skilful and dexterous operator; 2. He depends on a diagnosis by digital exploration in the majority of cases; 3. He removes the ovaries and tubes in cases for indications which few gynecologists would be willing to accept as justifiable for such

a serious procedure. His wonderful success may be attributed to: 1. Aseptic surgery; 2. Small incisions; 3. No unnecessary exposure of peritoneal cavity; 4. Perfect familiarity with pelvic and abdominal surgery as far as the mechanical performance of operations is concerned; 5. Rapid operating; 6. Careful personal supervision in the after-treatment. There can be no question that much of his success also depends on the fact that he performs his operations almost without assistance, and in this respect all laparotomists should lose no time in imitating his example. With all his faults, Mr. Lawson Tait has done much towards the advancement of gynecology, and we may learn from him many a valuable lesson which will add to our success in practice.—DR. SENN, in the *Journal of the American Medical Association*.

CUTANEOUS PUNCH—For eradicating powder-marks, by entirely taking away the portion of integument involved in the colored scar.

They are small cutaneous trephines, or punches, with a sharp cutting edge; the diameter of the cutting edge varying from one millimetre upwards—each larger trephine having a diameter one-half a millimetre greater than the next one below it. These little instruments, by being



3/4 OF REAL SIZE.

placed upon the skin and sharply rotated, will cut out a circular piece of integument of the size corresponding to their own lumen, and the depth of the portion to be excised can be varied according to pressure.

After the colored spot has been surrounded by the circular incision made by the punch, and shows slightly above the surface, it is seized by a pair of fine toothed forceps, slightly pulled upon, and snipped away with a pair of small scissors curved on the flat. The little bloody pits in the skin are allowed to fill with coagulated blood, and left without any dressing, as the bleeding promptly ceases.

I have also used the instrument to take away from the face of young ladies, and fastidious young gentlemen, small moles and other disfigurements. I have found it possible, in some

instances, by carefully circumscribing the pigmented area, to cut away the colored deposit through the continuity of the true skin, without destroying the entire thickness of the felt sub-papillary layer beneath, in this way removing the discoloration with a minimum of the resulting scar. I think that these uses, and a number of other similar ones which readily suggest themselves, are sufficient to commend this little instrument for general adoption among dermatologists.—E. L. Keyes, M.D., in *Journal Cutaneous and Genito-Urinary Diseases*.

A NEW ARTIFICIAL LEECH.—I have for some years been in the habit of using the leech in the treatment of many diseases, and have had considerable trouble in obtaining any which were sufficiently active. For nearly a year I have endeavored to overcome the difficulty by

using artificial leeches. I have made some leech tubes, shown in the accompanying illustration, which, after an experience with them of several months, have given satisfaction in every detail. This leech consists of a glass tube with a bulb of a capacity of one fluid ounce. The mouth of the tube is made broad enough to prevent constriction of the tissues, and is covered with a rubber band, when necessary, in order to protect the inflamed tissues from injury by the hard surface of the



glass. Two sizes are made; one with a short neck, for use on external surfaces, and the other with a long neck, to be applied to the uterus, tonsils, or other surfaces in the interior of cavities. The distal end is constructed so as to fit the screw on the end of the aspirator tube. The advantages of this instrument are that it can be attached to any form of aspirator, and that the blood will soil only the leech tube, which can be readily cleaned. The opening in the tissues can

be made by one or two incisions with a sharp-pointed lance, or with one of the circular scarifying instruments.—*Henry F. Flood, M.D., in Medical Record.*

THE COMPARATIVE ACTION OF ANTIPYRIN AND ANTIFEBRIN. — Although antifebrin has just come into use as compared with its fellow, antipyrin, little doubt exists that it is preferable to the latter. Aside from the results obtained by comparative tests at the bedside, more particularly by Eisenhart, as reported in *Münchener Med. Wochenschrift*, 1886, No. 47, and by Cahn and Hepp in *Berlin Med. Wochenschrift*, 1887, Nos. 1 and 2, the general profession has not reported as many untoward effects from its use as from antipyrin, while its cheapness, small dosage, and reliability have already given it a place of high esteem among clinicians. Both Eisenhart and the French observers reach the conclusion that five grains of antifebrin are equal to twenty of antipyrin, and although this is somewhat below the estimate made by the profession in America, it so nearly approaches the results obtained here that the matter may be considered as settled. It will be remembered that the chief objection to antipyrin was that it was capable of causing profound collapse, as well as other minor, but scarcely less alarming, symptoms, and it should not be forgotten that antifebrin may produce the same result, if given in large doses in susceptible cases.

Many observers have noted the appearance of an exanthematous rash under its use, and Heinzelmann, in the *Münchener Med. Wochenschrift*, 1887, No. 3, reports cases in which deafness and mydriasis occurred. These instances of untoward effects produced by antifebrin are fortunately sufficiently scattered to permit us to use the drug with great freedom. Indeed, the only manner in which the two drugs act identically, other than as antipyretics, appears to be the profuse sweat which they produce about the time of their absorption into the circulation.

Sudden cardiac failure has been produced by both drugs, and in a simple case of pneumonia, in which antifebrin was administered, which

has come to our knowledge, the patient, apparently convalescing, while sitting up in bed talking to a friend, suddenly dropped back dead on the pillow. It is but just, however, to state that the patient had been a sufferer for many years from disease of the mitral valve, and as no post-mortem was allowed, the exact cause of death cannot be stated; although the attending physician, a man of good judgment, ascribed it to the drug, with sufficient reason in his own mind to prevent his using it but carefully a second time.

The experience of the profession in this city has certainly engendered the belief that in a very large proportion of cases the newer antipyretic may be used with advantage in place of antipyrin, and unless some as yet undetected evil influence exerted by it is discovered, it will, without doubt, remain one of our chief aids in the reduction of abnormally high temperatures.—*Med. News.*

GAVAGE OF THE NEWBORN. — Gavage was first employed by Tarnier in the case of infants born prematurely; and it is recommended, also, for those who, though born at term, suffer from coryza, or who have just been operated upon for harelip, the former not being able to nurse, while in the latter the movements made in sucking interfere with primary union. In the *Archives de Tocologie* for March 30th, we find a description of the method of gavage advised by Bar. Human milk is, of course, preferable, and next that of the ass. But instead of these cow's milk may be used, prepared according to the following method advised by Tarnier. One part of sugar is added to twenty parts of water, and this is added to cow's milk in the proportion of three to one. The mixture is kept in boiling water for half an hour; then the sterilized liquid is decanted, and placed in a suitable vessel of glass or of porcelain.

The simplest form of apparatus, advised by Bar, for administering this food to the infant is composed of a glass funnel to which a sound (No. 14), or a rubber-tube of the same diameter, but twice as long, is attached. The funnel and tube being filled, pressure is made upon the tube just below its attachment to the funnel,

in order to prevent the escape through the lower end. The infant is placed in the lap of a nurse, the head moderately extended, and the physician, holding the apparatus in his left hand, takes the free end of the tube in his right hand, and, after moistening it, passes it into the back part of the throat, and thence by gentle pressure into the œsophagus; when about six inches of the tube have passed the lips the end is in the stomach, and the compression of the tube is stopped, and the liquid passes simply by gravitation into the stomach. The tube should be removed immediately after the funnel is emptied, in order to prevent regurgitation; the quantity of nourishment used should be, if the infant is very small, only two or three drachms, and in that case the gavage should be repeated every hour. Fermentation of the nutritious mixture should be prevented by the proper preparation of the latter, by washing out the apparatus with a one per cent. solution of boric acid, and by keeping the apparatus in the intervals between its employment in a similar solution. The results of this treatment have been so satisfactory in Paris—many infants having been saved by it that would otherwise have perished—that it is worthy of a more extensive trial.—*Med. News.*

THE CHEST MOVEMENTS OF THE INDIAN FEMALE.—It has long been believed that a fundamental difference exists between the chest movements of females and of males during respiration; that the former breathe principally with the upper part of the thorax, and the latter principally with the diaphragm—this difference being known under the names of costal and diaphragmatic or abdominal types of respiration. No one had, however, investigated this question in relation to the chests of persons whose bodies had not yet been dominated by tight dress and other constricting influences incidental to more modern life until very recently, when Dr. Mays, of this city, made a number of observations on the chest movements of the Indian girls at the Lincoln Institution, the results of which, with specimen tracings, are published in the *Therapeutic Gazette* for May 15, 1887. From these experi-

ments it appears that the Indian female, unlike our civilized female, has a marked abdominal or diaphragmatic respiration, with but slight, if any, costal motion; showing that the abdominal respiration is common to man and woman in their primitive condition, and that the costal respiration of the civilized female is an acquired feature.

The question of the type of respiration, as Dr. Mays points out, has a most important practical value, especially in its bearing on the etiology of pulmonary consumption. This disease, in most instances, is undoubtedly engendered by a want of proper expansion of the lung apices. Is this inexpansibility in the upper portion of the chests of these Indian girls a mere coincidence, or is there a casual relation between it and pulmonary consumption? Such a relation becomes quite evident when we take into consideration the fact of the alarming extent to which this disease prevails among those very Indian tribes from whom these children are chiefly obtained.

Dr. Mays propounds the interesting question, whether the influence of the abdominal constriction, which is practiced by our civilized female, is detrimental to the respiratory organs, or whether it has a tendency to produce compensatory activity in the upper portion of the chest, and in conclusion asks whether there is any logical relation between the assumption that it develops the lung apices, and the fact that proportionally a less number of females than males die of pulmonary consumption.—*Med. and Surg. Reporter.*

DIET FOR THE NEUROTIC.—Dr. Dana, of New York, recommends the following in the *Journal of Reconstructives* for April, 1887:

In persons of a sensitive and irritable nervous system, those who are classed popularly as "nervous," neurasthenic, or hysterical, the same rules as to a nitrogenous diet, plus as much fat as can be digested, apply. There is a class of nervous persons who, of themselves, find that they cannot take anything sweet without producing headaches, rheumatic pains, and dyspeptic symptoms. These persons should live on meats, fish, with plenty of butter, oysters, cream and milk with soda water, the yolk of

egg with sherry. Beef-tea with the white of an egg, or some peptonoids, forms a very nutritious dish. It has been the canon of medicine for many years that animal food must be the soul of the neurotic's diet.

Most nervous persons find, in addition, that green vegetables, like spinach, agree very well with them. Stale bread can be taken twice a day freely, plenty of butter being used upon it. The dietetic breads from which the starch has been removed are sometimes useful, but are, as a rule, unpalatable, and soon cause disgust.

When a rigid diet is to be laid down, there is no better list for nervous invalids than the following: beef, and its preparations; mutton and lamb; fowl; fish, boiled or broiled; oysters; milk; butter; egg, raw or soft-boiled; graham bread and gluten bread; spinach; stewed fruits, slightly alkalized.

Nervous patients, especially hysterical patients, should not use alcohol at all. Tea and coffee can be taken in very moderate amounts. The various mineral waters may be used with impunity, but none of them have much effect in relieving nervousness, or curing the nervous temperament.—*Med. News.*

COFFEE TO DISGUISE THE ODOR OF IODOFORM.

—Valuable as coffee, when freshly ground, has proved in disguising the odor of iodoform, it has the following disadvantages: 1. It is only for a limited period that its effects last; and, 2. It is very difficult to grind the coffee so fine as to prevent the grains irritating a sore part; and especially is this felt if the iodoform be used in the form of an ointment. I have found that by macerating the coffee in hot lard or vaseline, all the deodorising powers are absorbed by and retained in the vehicle employed, and a perfectly smooth, inodorous, and unirritating ointment can be prepared.—RICHD. NEALE, M.D., London, in *Brit. Med. Journ.*

SALOL IN SCIATICA.—Dr. V. Aschenbach, of Corfu, reports in the *Fortschrift der Med.* that suffering from sciatica, for which all known remedies have been tried in vain, he at last resolved to try an unknown one—to himself at least unknown as a remedy for sciatica. In

the evening he took a dose of half a gramme of salol, and at night one gramme, after which he fell asleep, and remained perfectly free from his pains.—*Technics.*

Therapeutical Notes.

FOR WARTS.—

Bichloride of mercury... 1 gramme.
Collodion..... 30 grammes.

Apply carefully to the warts once a day.

—*Journal de Med. de Paris.*

POMADE FOR PIGMENTATION OF PREGNANCY—(Monin).—

Rx Oxide of zinc.... 20 centigrammes.
White precipitate. 10 "
Cocoa butter..... 10 grammes.
Castor oil..... 10 grammes.
Essence of roses... 10 drops.

Apply to the face night and morning.

COUNTING THE RIBS.—(Duroziez).—Physicians are frequently mistaken in counting the ribs. One must never start at the clavicle. We must start from the supra-sternal notch, obliquely and below which is the first intercostal space. Or again by palpation of the sternum the first projection is the junction of the first and second piece, at which we find the articulation of the second rib. One is sometimes astonished at the space between the clavicle and third rib. One forgets the breadth of the first rib.—*Lyon Medical.*

TREATMENT OF DIARRHŒA BY IODOFORM AND CHARCOAL.—(Pichinni).—In eight cases of diarrhœa, in which examination of the fæces showed signs of fermentation, the author successfully used the following:—

Rx. Iodoform..... 0 gr. 60 centigrammes.
Ether..... 100 grammes.
Vegetable charcoal, finely
powdered..... 100 "
Glycerine..... 180 "

Dissolve the iodoform in the ether, and mix thoroughly with the charcoal. Allow the ether to evaporate, and mix with the glycerine. To be taken during the 24 hours in tablespoonful doses suspended in water.—*Revista Clinica et Terapeutica Journal de Med. de Paris.*

FORMULÆ FOR NEW MEDICINES HYPODERMICALLY. (*From Bournville and Bricous' Manual.*)—

1. R. Acid chrysophanic. .0 grs. 0, 005 to 0.01.
Distilled water1 gramme.

Used successfully in eczema, lichen, prurigo, psoriasis, and urticaria.

2. Osmic acid.0.10 centigrammes.
Distilled water10 grammes.

Used in interstitial injection of tumors, in obstinate neuralgias (Bilbroth, Neuber), in doses of 50 centigrammes to 1 gramme of solution injected near the affected nerve.

3. Agaracine. 0 gr. 05 centigram.
Absolute alcohol ...4 gr. 50 "
Glycerine.5 gr. 50 "

A syringeful at a time for night-sweats of phthisis.

4. Chlorhydrate of anti-
pyrine.1 gramme.
Water (warm).1 gramme.

A powerful antipyretic.

5. Pure cotoin.1 gramme.
Acetic ether4 grammes.

Inject a Pravaz syringeful every 15 or 20 minutes, or every hour as antidiarrhœic, except in intestinal ulceration, cirrhosis and alcoholics. Recommended in cholera, night-sweats, sialorrhœa.

6. Chlorhydrate of kair-
ine.0.10 centigrammes.
Distilled water1 gramme.

Powerful antithermic, but rather dangerous.

7. 1 part solution (alco-
holic) trinitrine. .30 drops.
Distilled cherry laurel
water.8.40 gram. to 10gram.

To be injected into the muscles of the back or thigh. For angina pectoris and all affections in which symptoms of cerebral anæmia predominate.

8. Paraldehyde.5 grammes.
Cherry laurel water. 5 grammes.
Distilled water15 grammes.

To be warmed before injecting. Hypnotic and sedative in mania and melancholia.

9. Chlorhydrate of per-
eirine.1 to 2 grammes.
Distilled water20 grammes.

One to four decigrammes in intermittent fever.

10. Sulphate of thalline. 1 gramme.
Distilled water5 grammes.

Use warm, 10 centigrammes of this solution, suffice to lower the temperature 2.10° to 3.10° during six to nine hours.

—*Journal de Med. de Paris.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, JULY, 1887.

MEETING OF THE ONTARIO MEDICAL COUNCIL.

The recent meeting of, what is facetiously called by the lay press, the "Doctors' Parliament," was not exciting in any way; but there was a good quantity of routine work done which was laborious in its nature and important in the interests of the public and profession generally.

As will be seen by our report the work of the Committee on Education was the most important, as in fact it generally is. There were more than the usual number of petitions from rejected candidates, some of which were decidedly "cheeky" in character. Some asked to have their papers re-examined, having apparently a confident feeling that the excellent answers must in whole or in part have been mislaid or stolen. The Committee, very good-naturedly acceded to their requests, but were unable in all cases to put a higher value on their papers than the Examiners, and in some cases they expressed the opinion that the Examiners had been too lenient.

It is a question whether rejected candidates have any right to cast doubt on the efficiency or impartiality of an Examining Board by

making such demands, and it is thought by some that if the Council have confidence in their examiners (as we hope they have) they show bad taste in acceding to these demands unless under very exceptional circumstances. We some years ago expressed the opinion that the Council should exercise great care in the selection of examiners, and that having done so they should be loyal to them and their decisions, especially when such decisions have resulted from combined written and oral examinations.

Others of the rejected asked for a supplementary examination; and we hope that the time will soon come when there will be at least two examinations in the year and we would like to see three. Many petitions were presented from students with reference to the matriculation examinations, and we find that certain slight irregularities have crept in, such as adding together parts of different examinations and giving the candidates credit for the success thus obtained. Although, as far as we know, no injustice was done in such cases, we are glad to know that the Council desires no repetition of such mathematical complications.

In addition to such requests there were various petitions from graduates in this and other countries asking for certain privileges peculiar to each case. The Committee appeared to consider all cases very carefully, and their decisions were exceedingly judicious.

Of course, one of the most important of the functions of this Committee is the selection of a Board of Examiners. It happens, fortunately, that there is less "log-rolling" during recent years than existed at one time; but we have a vague suspicion that it has not all disappeared yet. It may sometime be in order to discuss the merits of certain examiners and the reasons for their appointment. We regret that the rule is still observed which prevents teachers from examining on the subjects which they are best suited for. We hope the time will soon come when the lectures in the various medical schools may include a certain number that are considered sufficiently honest, and broad in their views and knowledge of their subjects, to make them suitable examiners in their own departments. We are glad to know

apart from these considerations, that the Board of Examiners recently appointed will, as a rule, command the confidence of the profession, though it is by no means perfect, nor does it come as near perfection as it might.

There is still a slight feeling of antagonism between the "schoolmen" and the territorial representatives; but there was perhaps less evidence of it at this meeting than at former ones. Upon the whole the representatives of the general profession have shown the stronger desire to raise the standard of medical education in all respects. Some have gone so far as to advise a preliminary course in arts before entering the study of medicine. While we generally sympathize with the outside profession rather than the schools, we think this is going too far. The present regulations, which come in force next year, respecting matriculation are excellent, and assure a higher standard than has heretofore been demanded by any university in Canada, either in Arts or Medicine. We can desire nothing better than this, but it would be well for the Council to extend slightly the scope of its curriculum, especially in the departments of science, and demand more practical and less didactic teaching in both primary and final subjects.

We are pleased to know that the Council is becoming stronger from year to year, and commands the confidence of the profession and the public to a greater extent at the present time than it ever has in the past. It is important that it should be so, as it gives us the strongest possible guarantee for a judicious and high standard of medical education in the Province of Ontario for all time to come. With a number of competing Universities and Medical Colleges our greatest safety lies in a Central Examining Board, in which we can place reliance. Our system is in this respect the best in the world. The majority of intelligent physicians in Great Britain and the United States would gladly adopt a similar system from their respective countries or States, but the strong opposition of various degree-conferring Universities and Corporations present a strong barrier to such a happy consummation. Considering all the circumstances we think the profession of Ontario owe the Council a loyal support.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

A scheme is now on foot for establishing, in the city of Toronto, a medical reference library. Many practitioners in the city, and throughout the province, have long felt the necessity for such an institution. It is almost impossible to write an article or paper on any medical subject, which will be of lasting value, unless the writer has access to a large reference library. Authors of papers are frequently compelled to go to Philadelphia or New York to consult medical works which cannot be procured here. This, of course, incurs great loss of time as well as expense. It is the intention of the committee, which has the temporary management, to give the library as much a provincial character as possible. One of the plans which is now under consideration is the following: The name of the institution is to be the Ontario Medical Library Association. It shall be composed of stockholders who shall also be members, and resident and non-resident members. The stock, in shares of five dollars each, will be issued to the amount of \$10,000. The stockholders in Toronto, as well as the resident members, shall pay an annual fee of three dollars; the stockholders outside of the city, as well as the non-resident members, shall pay a fee of one dollar per year. The library shall be the property of the stockholders, and each stockholder shall have, in addition to his vote as a member, votes in proportion to the number of shares which he has purchased. In this way it is hoped that we will secure sufficient capital to commence the library, and the annual fees will form an income to be used in its sustentation. Large donations of books will doubtless be made by older practitioners, and the library will obtain the more recent works from authors and publishers in many cases without cost.

As previously stated, this is an outline of one of the schemes proposed, and if any of our readers have suggestions to offer, we shall be glad to publish any communications on the subject. It is the wish of the present committee to commence in the best way to insure the future success of the project.

THE ONTARIO MEDICAL ASSOCIATION.

The recent meeting of the above Association—a full report of which will be found on another page—was in many points the most successful which has yet been held. The attendance was much larger, and a greater feeling of unanimity prevailed than on any former occasion. The Association is much indebted to the gentlemen from New York, Philadelphia and Detroit for their attendance and for the papers read by them. Dr. Gerster's paper excited a very interesting discussion, which, if not quite in order, was of great benefit to those who heard it. Dr. Fox's paper was listened to with close attention, as also were those of Drs. Packard, Porter and Satterthwaite. The members of the profession resident in Toronto did not take such an active part in the discussion as they would have done if the meeting had been held elsewhere. They had their practices to attend to as well as to look after the entertainment of their brethren from other places. This frequently rendered it impossible for them to listen to a paper throughout, and they could not therefore offer any opinion upon it. Although we are indebted to the medical gentlemen from the United States for their valuable papers, it has occurred to some that their presence has rather a depressing than stimulating effect upon the discussions. This should not be the case, but there is always the feeling of diffidence on the part of practitioners of limited experience in discussing medical points with those who have enjoyed such superior advantages. One of the main objects of the Association should be the development of home talent, and the fostering of a home literature. Anything which impedes the progress of the Association in this respect should be carefully guarded against. We would therefore suggest that in future the number of papers to be read by those outside of the Association be limited to two or three. The meeting, however, was a grand one, and was especially pleasing to those who had watched the progress of the Association from the time of its commencement six years ago.

THE ILLNESS OF THE CROWN PRINCE OF GERMANY.—Dr. Morell Mackenzie, of London, has telegraphed the *New York Medical Record*, stating that the tumor on the throat of the Crown Prince is of a dense warty character (*pachyderma verrucosa*). Prof. Virchow has not been able to find any evidence of malignancy in the removed portion.

The *Record* says: "A growth presenting such characteristics possesses no elements of malignancy, and depending as it may upon various constitutionals as well as local causes is, as a rule, perfectly amenable to treatment."

TORONTO GENERAL HOSPITAL.—Patients in the Hospital on April 1st, 226. The number admitted during the month was 198, and the number of births 19, making a total of 443. The average daily number of patients was 229. The largest number of patients ever admitted in the month of May is 444, made up as follows:—Patients in the hospital on May 1st, 227, admitted during the month 204, number of births 13.

Where are the ethics of the profession? Have they left the city for a summer vacation? We find posters on door steps and telegraph poles announcing the amazing fact that Dr. — has removed, and another, Dr. — tacks his cards in small shops, with a foot-note attachment "16 years' experience, references if desired." O shade of the great Hahnemann!

THE TREATMENT OF PHTHISIS BY GASEOUS ENEMATA.—At the recent meeting of the American Association of Physicians, this subject was thoroughly discussed. The general conclusion arrived at was that Bergeon's method has proved of service in some cases, but that it is by no means a specific.

The following Canadians received the L.R.C.P. London:—W. R. Watson, M.D., and William A. Young, M.D.; and J. McLurg, M.D., A. F. McVety, M.D. and W. T. Parry were admitted to the membership of the Royal College of Surgeons.

Meetings of Medical Societies.

THE MEDICAL COUNCIL.

The Medical Council of the College of Physicians and Surgeons, Ontario, met in the School of Pharmacy on June 14th. The President, Dr. H. H. Wright, occupied the chair.

The election of officers for the ensuing year resulted as follows:—President, Dr. Henderson, Strathroy; Vice-President, Dr. Burns, Toronto; Registrar, Dr. R. A. Pyne (re-elected); Treasurer, Dr. W. T. Aikins (re-elected); Solicitor, B. B. Osler, Esq. (re-elected).

On motion by Drs. Geikie and Edwards a congratulatory message was cabled to Her Majesty Queen Victoria, to which a response was received next day.

It was resolved that the minutes of the Council be printed, and a copy sent to every member of the college who has paid his annual assessment, and that the minutes appear in full in the announcement.

A motion introduced by Drs. Orr and Henry providing that the territorial representation be increased from 12 to 18, was lost, and the matter was on motion laid over to the next meeting of the Council.

The Executive Committee were directed to appoint a Public Prosecutor for the Province.

The following motion in reference to the registration of British graduates was passed:—Resolved that a special committee consisting of Drs. Fowler, Geikie, Logan, Wright, Bergin and Williams be appointed to consider upon what terms British graduates may be allowed to become registered and to practice in Ontario, and that they report at the next meeting of the council; and that in the meantime they be not allowed to register except in the ordinary way—by examination.

A motion providing for the admission of British graduates to registration in Ontario upon the same terms on which Ontario graduates are registered in Great Britain, was lost.

For the purpose of carrying out the provisions of the amendment to the Ontario Medical Act, passed at the last session of the Provincial Legislature, a committee to be known as the Committee on Discipline was appointed.

The members of this committee are Dr. Logan, Ottawa; Dr. Bray, Chatham; Dr. Day, Trenton (chairman); Dr. Russell, Binbrook; Dr. Wright, Toronto.

REPORTS OF COMMITTEES.

The Committee on Legislation expressed satisfaction with the amendments passed by the Legislature in their last session, and recommended that the thanks of the Council are due and are hereby tendered to J. M. Gibson, Esq., M.P.P. for Hamilton, for his arduous work in behalf of the bill.

The report of the Building Committee was received and adopted. Mr. E. J. Lennox is the architect of the new college building in course of erection on the corner of Bay and Richmond streets. The old college building was sold to the highest bidder for \$100, the buyer to bear expense of removal. The construction of the new building in accordance with the plans approved of by the Council was tendered for, and the lowest tender was accepted. This provides for the completion of the building for \$60,385.60. It is expected the new building will be completed by Nov. 1st of this year. For the information of the Council the committee have made an estimate of the prospective revenue from the building when completed—if all occupied, \$8,000 per annum rental will be derived, computing the rental at a low rate. Besides this the Council will have ample room for the purposes of its own examinations, etc. The estimated cost of running the building including caretakers, water-power, lavatory, gas, coal, taxes, interest on mortgage and insurance is, say \$4,600, leaving an annual surplus of \$3,400.

The report of the Finance Committee declared the assets of the College, consisting of site of building, new building (so far as completed), assessment dues and cash in bank, to be \$53,450.63, and the liabilities, consisting of mortgage, accounts just passed, and extra expense of the session, to be \$18,487.45, leaving a balance to the credit of the College of \$36,963.18.

This committee also reported that in accordance with instructions from the Council they "met with the committee of the Ontario Medical Association, to consider the establishment of a

medical library in the city of Toronto, and would recommend the Council to set apart a room in the new college building to be properly equipped with shelving for a library, provided our registrar have charge of the same; and that a room be placed at the disposal of the Ontario Medical Library Association at a nominal rental."

The report as read was received and adopted.

The report of the Committee on Education dealt with appeals from defeated candidates, in which the decisions of the examiners were in all cases sustained; with petitions for supplementary examinations, which were in no case allowed; with petitions for permits, in regard to which the Committee advised "that the Registrar be requested to inform all such applicants that the Council can in no case grant permits, and that if they practice they do so at their own risk, and not with the sanction of the Council;" and with other communications of divers kinds. In fact, this Committee dispensed justice without fear or favour, and in a manner indicating that they felt themselves fully masters of the situation.

A communication was read from Henry A. Pitman, Registrar of the College of Physicians, London, Eng., asking for a copy of any rules and regulations having reference to registration in the Province of Ontario of medical qualifications obtained in England. The Committee advised that the Registrar say in reply that all graduates in medicine in Canadian universities being required to present themselves for examination before the examiners appointed by the Medical Council of Ontario, British Registered Practitioners are placed in exactly the same position.

The Committee also considered the matriculation examination, and advised "that the second class non-professional examination for teachers' certificates be adopted, including Latin, Physics and Botany, and that the subjects be distinctly specified in the Annual Announcement, and that the said matriculation come into effect July 1st, 1888."

Dr. Geo. Duffield has been elected to the chair of medicine in the Detroit Medical College.

THE ONTARIO MEDICAL ASSOCIATION.

The seventh annual meeting of this Association was held in the theatre of the Normal School buildings on the 8th and 9th of June, under the presidency of Dr. James H. Richardson. The Association met at ten o'clock when Dr. J. T. Duncan submitted the report of the Committee on Arrangements. On motion of Dr. Bruce Smith, seconded by Dr. Rosebrugh, of Hamilton, a congratulatory telegram was sent to the American Medical Association then holding its thirty-eighth annual convention in Chicago. On motion of the Secretary, seconded by Dr. Thorburn, a jubilee telegram was sent to Her Majesty the Queen, and the members indulged in the singing of the National Anthem.

Dr. J. E. Graham brought up the subject of the establishment of a

MEDICAL REFERENCE LIBRARY

in the city, and spoke briefly on the advantages of such, and the unfavorable contrast which in this respect Toronto makes with American centres of medical science. On motion of Dr. McPhedran a committee was appointed to meet with one from the Toronto Medical Society and discuss plans for the furtherance of this object.

Dr. Henderson, of Kingston, then discussed the question of forming a Medical Defence Fund, and a committee was appointed to consider the matter and report at a later session.

Dr. Ferguson then moved that the following gentlemen be a temporary committee on physiology:—Drs. A. H. Wright, W. H. B. Aikins, Sheard, J. E. White and J. Ferguson, Toronto; MacCallum, London; and J. H. Duncan, Chatham.

AFTERNOON SESSION.

The Association met at two o'clock with the President in the chair. The following gentlemen, guests of the Association, were introduced and welcomed to the platform:—Drs. Porter, Gerster, Fox and Satterthwaite, of New York; Drs. Manton and Duffield, of Detroit; Dr. J. H. Packard, of Philadelphia; Drs. James Stewart and Cameron, of Montreal, and Drs. Cronyn and Hubbell, of Buffalo.

The President then delivered his

ANNUAL ADDRESS.

After thanking the Association for the honour they had conferred upon him in allowing him to preside over their deliberations, he offered a hearty welcome on behalf of the Ontario Medical Association to the distinguished visitors who were present. He then proceeded to say that the science of medicine was cosmopolitan, that in all parts of the world were to be found earnest and diligent workers who were pouring in their contributions to all departments of medical and surgical knowledge, and it would be invidious to record pre-eminence to any nation or people whilst we rank them all as brethren, and accord to all the honour which is their due no matter what their nationality. It is only natural that we should be in more complete sympathy with those who share our glorious inheritance and who are one with us in a common language, a common literature, common liberty and common aspirations. He then proceeded to discuss those points which he chose for more particular consideration. 1. Has any marked advance been made since he (the speaker) entered the profession of medicine as regards the general nature and treatment of disease? 2. Have we any reason to hope that any great advance will be made in the future? 3. In what lines we may expect to advance. In pursuance of these enquiries he wishes to be understood as not comparing past or present opinions on this or that special disease or particular method of treatment, but he would refer rather to the nature of disease and the general principles of treatment. These changes may be comprised under the heads of inflammatory and zymotic diseases. Forty years ago inflammation was the *bête noir* of the physician. The most incongruous diseases were classed under this head, and the most ingenious and artificial distinctions were made to retain them there. Some inflammations were sthenic, others asthenic; some arose from plethora, others from weakness. Then there were special varieties, strumous, rheumatic, erysipelatous, specific and intermittent inflammations, and so on. The treatment was most formidable—bleeding, blistering and purging and depressants of various kinds. As late as 1853 blood-letting was advised to be practised most

freely even to a prodigal extent—even scarlet fever and erysipelatous patients were subjected to copious bleeding. It was a tremendous forestalling of the modern delusion, "*Similia similibus curantur.*" We were for many years kept in error by the deductions from pathological anatomy. The diseased tissues were minutely examined and described as if in them existed the cause of disease. True etiology was ignored in the supremacy which pathological anatomy maintained. In pneumonia, for instance, the diseased tissues were examined regardless of whether the disease was the result of deranged circulation or innervation, of malarial or septic poisoning. So also puerperal fevers. We now recognize the truth that instead of inflammation being a disease it is but a local manifestation of a general depraved condition, and that to combat it rationally we must ascertain the cause of it, and that as its results are great decrease of the vital energies, these must be supported by every effort rather than further weakened.

The other great advance that has been made in modern times is with reference to the nature of contagium. Until quite lately our ideas with regard to the causes of disease were most vague. Malarial diseases, for instance, were supposed to be the result of emanations from decomposing animal and vegetable substances without our having any knowledge of the active principles of these emanations. We observed that they obeyed the laws governing material substances in that they could be conducted or carried about, but further we knew nothing. The discussions as to the nature of contagium ranged between the theories of common causes, germinal matter, catalysis, bioplasm and fermentation. The last named theory seems to have led directly to the germ theory as at present held. He would refer more especially to two diseases in regard to which great improvements had taken place within the last quarter of a century, viz., splenic fever and hydrophobia. Dr. Budd, of Bristol, seemed to have had the high distinction of being the first British physician to foresee the importance of the agency of minute organisms in the propagation of disease. Dr. Budd seemed to have been led to this conclusion by the fact of the invariable reproduction of every specific disease. Splenic fever was a terrible

scourge in Europe, how malignant might be gathered from one paragraph from Trousseau :— "The period of its incubation is very short. An ox which has been at work may return to its stall apparently healthy. He eats as usual; then he lies down on his side and breathes heavily, while the eyes are still clear. Suddenly his head drops, his body grows cold, at the end of an hour the eye becomes glazed, the animal struggles to get up and falls dead; the struggle only lasting one hour and a half." Devaine, as early as 1850, discovered the presence of minute rods in the blood of animals which died of splenic fever, but it was not until 1863, after Pasteur's researches into the part played by microbes in fermentations, that he suspected their real agency in the production of disease. Pasteur's experiments were well known; his last experiment was made at the invitation of the president of the Society of Agriculture, and was watched by Pasteur's colleagues, who feared he had been too rash. "A flock of sheep was divided into two groups, the members of one group being all vaccinated with attenuated virus while those of the other group were left unvaccinated. A number of cows were also subjected to a precisely similar treatment. Fourteen days afterwards all the sheep vaccinated and unvaccinated were inoculated with a very violent virus, and three days subsequently more than 200 persons assembled to witness the result. Twenty-one of the twenty-five unvaccinated sheep were already dead and the remaining four were dying. The twenty-five vaccinated sheep were in full health. A similar result occurred amongst the cattle. The breeders of cattle at once overwhelmed Pasteur with applications for vaccine, and by the end of 1883 nearly 500,000 animals had been protected." Pasteur's crowning triumph was achieved over that dread disease hydrophobia, which had hitherto baffled medical skill. Instead of cavil and doubt, we ought to lay hold with gratitude and confidence on the grand fact which had been established conclusively by direct experiment, viz., that some of the most deadly diseases which afflict human and brute creatures, are the result of the introduction of micro-organisms into the animal system; that they have been isolated and re-produced generation

after generation by the most guarded, precise, and definite methods of the laboratory, and that they can be so modified in their strength as to be safely introduced into healthy animals and so protect them from the deadly effects produced by the unmodified poison. In view of the facts of the discoveries of recent years, they might surely "thank God and take courage" for the future. The difficulties before them were great. The life history of each class of these minute beings was so different, and the conditions under which they must be investigated were difficult, but there was no royal road to knowledge, and perseverance and research were certainly necessary. Yet they were on the road, and it only needed courage, faith, and constant advance, to open up newer, larger, and brighter vistas of truth. (Cheers.)

Dr. Fenwick, of Kingston, was the first to read a paper, the title of which was "Laceration of the Cervix Uteri." He paid a warm tribute to the careful labor and researches of Sims, Emmet, Thomas, and Bennett; pointed out how frequently the lacerations were overlooked, and laid down the following propositions:—

1. A certain degree of laceration of the cervix is the rule in all first labors.
2. A certain number of these are entirely recovered from, or else they exist without producing any symptoms.
3. A certain proportion form important factors of disease. It is the last class alone which require Emmet's operation and in which relief of the symptoms may be expected.

The procedure which he had adopted in all his operations for the laceration was described.

Dr. Groves, of Fergus, then read a paper on "Prostatotomy," and Dr. John Ferguson followed with an elaborate study on "Arsenical Neuritis."

Dr. Arnott then read an able paper on "Phosphaturia." (See page 197.)

Dr. G. H. Fox, Professor of Dermatology in the College of Physicians and Surgeons of New York, read a much appreciated paper on "The surgical treatment of some diseases of the skin," and illustrated his subject by the scarification of lupus, the extraction of superfluous hairs by electrolysis and the surgical treatment of pustular acne.

In the discussion which followed, Dr. Graham referred to the difficulty of permanently re-

moving superfluous hairs by electrolysis. Two qualifications are necessary for a successful operator—first, that he should have a good eye and a delicate sense of touch; and, secondly, that he should have experience. The needle should be introduced into the hair follicle and passed along until the point reaches the hair bulb, when the electrical current will loosen the hair so that it can be readily removed. If the needle is passed outside of the follicle so that the hair bulb is not touched, the hair will probably grow again. Many dermatologists have become discouraged at their want of success in this operation. In skilful hands such as those of Dr. Fox it has no doubt been a great success. With regard to the management of acne, the speaker did not think the local treatment had in most cases more than a temporary effect, and that the disease could only be permanently benefitted by constitutional means.

Drs. Oldright and Holmes also took part in the discussion.

Dr. Murray, of Thorndale, then read a paper on "Laceration of the Femoral Artery." (See page 208.)

EVENING SESSION.

Dr. Taylor, of Goderich, gave a paper on 'Extra-Uterine Pregnancy.'

Dr. James Ross gave the histories of two similar cases; in the last case abdominal section was performed in St. John's Hospital.

Dr. Gerster, of New York, was very cordially received, and held the complete attention of the members during the reading of an interesting and erudite contribution on "The anti-septic principle as applied to the treatment of the primary induration and the initial sore of syphilis." (This paper will appear in the next issue of the *Practitioner*.)

Dr. Canniff did not agree with Dr. Gerster in saying that suppuration is always caused by microbial action. He insisted that the presence of a foreign body will sometimes give rise to such intense inflammation that pus will be formed, even where air is entirely excluded. To show that we cannot always account for the cause of suppuration, he instanced two cases of compound fracture under his care; one was submitted simply to the water dressing, and

healed rapidly without suppuration; the other was dressed with antiseptic precautions, but suppurated profusely.

Dr. Macfarlane, in speaking on this subject, cited two cases in support of the microbial origin of suppuration. One was a man suffering from double psoas abscess, in whom an opening was made in the lumbar region of one side with antiseptic precautions. The opening drained both abscesses, and by keeping the hips elevated, and dressing with rigid antiseptic care, the wound healed almost completely in six weeks. The other case was an excision of the wrist joint. All the bones of the carpus were found carious, and were removed. The good result which followed he attributed to the success in keeping the wound aseptic.

Dr. Teskey considered that suppuration might be caused by either microbes or a foreign body. Suppuration meant death of tissue, and this occurred whenever the parts were deprived of nourishment. Hence in any inflammation, whether caused by a foreign body or by microbes, whenever so much inflammatory matter was thrown out, that the cells occupying the centre of the mass were too far from the circulating medium to derive nourishment therefrom, they died, or, in other words, broke down into pus. In support of this view cases were cited, in which an extreme degree of irritation had caused suppuration in localities to which microbes could not possibly have access.

Dr. Porter, of New York, strongly insisted upon the distinction between the lesions of syphilis and those of tubercle, and cited experimental and microscopical evidence in support of his assertion.

Dr. Gerster, in reply, explained that he did not say in his paper that the lesions of syphilis and tubercle were *identical*, but that they were *similar* in many respects, and he still held to this view. He cited a case in which a blacksmith had been stabbed in the hand with a clasp-knife. The wound healed by first intention. Many months afterwards the patient again presented himself, showing a hard, angular foreign body near the elbow. This was cut down upon, and proved to be the blade of the clasp-knife with which he had been stabbed months before.

In the interval he had worked steadily at his trade, without any apparent inconvenience. The fact that a man could use his arm as actively as a blacksmith required to do, with a knife-blade four inches long imbedded in the muscles thereof, was surely strong evidence that irritation alone cannot induce suppuration. In reply to Dr. Teskey, he held that the death of cells deprived of nourishment in absence of microbes did not constitute suppuration, but a condition called by Weigert, *coagulation necrosis*. The tissue so affected is capable of reabsorption, and does not necessarily result in an abscess.

Dr. Holmes, of Chatham, read a paper on "Puerperal Fevers," and Dr. J. H. Packard, of Philadelphia, on "Our View of the Surgeons of the Last Century;" these papers will also shortly be published in this Journal.

SECOND DAY.

The President, Dr. Richardson, in the chair. A discussion took place on the question, "Is the continued employment of large doses of the fluid extract of ergot likely to be injurious when employed in cases of fibroid tumors of the uterus when operation is inadmissible?" The opinions expressed by the members who took part in the discussion were to the effect that no ill effects followed even a continued use of the drug.

Dr. Lett read a paper upon the "Relationship between Insanity and Masturbation," in which he took the ground that masturbation of *itself* was seldom or never a cause of insanity, but only a factor or single link in a long chain of combining causes, which led up to and finally culminated in an attack of pronounced mental alienation. He held that with an adequate predisposition it became an *exciting cause* of insanity, and gave to the malady special characteristics, which are described by writers under the head of "Masturbatorial Insanity." Whilst it was admitted that in this sense it was an *exciting cause* of insanity, the Doctor contended that it was more frequently a symptom of that disease, and instanced several forms of mental unsoundness where it was clearly the outcome of disease or irritation in the nerve centres. The paper then took up the subject as to what is known with regard to a local centre in the

encaphelon for the sexual appetites, and pointed out that according to the experiments of Eckhard, irritation of the upper part of the cord, medulla oblongata, the pons, and as high up as the crura cerebri, caused vascular turgescence of the generative organs and priapism. This, however, was attributed not to these parts being the seat of the sexual appetite, but the effects produced by Eckhart in irritating the parts named was the result of altered nervous action from the centre to the periphery upon the vascular supply. The nearest approach that has been made to a centre for the sexual appetite is that of Ferrier, who concludes from experimental research that its *probable* seat is localizable in the cerebral cortex, connecting the occipital lobes with the lower and inner part of the temporo-sphenoidal lobe.

The presence of masturbation combined with insanity was held to hamper the treatment of that disease, retard recovery, and in many instances preclude the possibility of a cure.

Dr. Burns thought much benefit might result as a preventative measure, from pretty generally adopting the plan in early ages of circumcision. He spoke strongly on the subject, and advocated the practice. Dr. Oldright was not prepared to endorse the remarks of Dr. Burns, and go in for wholesale circumcision; that whilst in many cases benefit results from the operation, he was of opinion the prepuce was there for the special purpose of preventing the glans from being subjected to the irritation of foreign substances coming in contact therewith, such as the clothing. He also thought the sensitiveness of the glans would be impaired, which might or might not be an advantage.

Others entered into the discussion, taking up several forms of treatment, not forgetting religious influences. The President (Dr. Richardson), warmly sustained the paper, especially on the ground that masturbation was frequently a symptom, and not the cause of insanity. He instanced several cases under his own observation supporting this view, and asked the question, "How is it that in injuries to the spinal cord indications of sexual appetite are so frequently seen?"

Dr. Lett, in reply, stated that with exception

to Dr. Richardson all the speakers had taken up the subject of treatment which was foreign to the subject of the paper. In answer to Dr. Richardson, he stated that injuries to the spinal cord would be likely to produce similar results to those observed by Eckhart when he irritated the upper portion of the cord, the medulla or the pons.

Dr. Strange then read a paper opening the discussion on surgery and dealing with "points in the minor surgery of the general practitioner." (See page 202.)

Dr. Strange spoke strongly in support of the sometimes absolute necessity for alcoholic stimulants in such cases, asserting that nothing else could take their place, and that surgeons should not be hampered in their work by the objections of well-meaning but ignorant persons who took an opposite view. He was strongly supported in this opinion by Dr. Richardson, who gave an amusing account of his own experience with carbuncle and descriptions of the striking results he had known to be derived from the free use of alcoholic stimulants. In reply to a question, Dr. Strange stated that it is not his usual custom to give chloroform before lancing a felon. Several other doctors gave their views on the treatment of whitlows and carbuncle.

Dr. Geister agreed in every point with Dr. Strange as to his advocacy of the thorough use of the knife, though he would not be thought to advocate that mode of treatment in every case. There were cases, as where the patient is very anæmic, where such treatment would be highly prejudicial. In such he would use caustic, which though a slower and perhaps more painful cure, is just as certain as the knife. He thought highly of the antiseptic dressing after cutting. The patient had nothing to do with it, and consequently there was no fear of the unpleasant results from the application of such a piece of nastiness as a poultice often becomes in the hands of ignorant and uncleanly persons.

Hon. G. W. Ross, Minister of Education, having come in, was invited to the platform by President Richardson, and spoke briefly, welcoming them in the name of the Ontario Government, expressing the hope that they found themselves in every way comfortable, and

praising the way in which the profession interested itself in all that pertains to the public health. He took his seat after a closing remark or two on the proposed establishment of a medical faculty in connection with University College, and the desirability of keeping up a high standard of professional efficiency.

Dr. J. E. Graham (Toronto), read some pathological notes of a fatal case of "Herpes Zoster," which had come under his notice, including a report by Mr. McCallum, of the School of Practical Science, a full report of which will be furnished at another time.

Dr. Manton, Detroit, being unable to remain his paper on "Tumors of the Vulva," was read by title.

AFTERNOON SESSION.

The following cablegram addressed to the secretary was read:—"The Queen thanks the members of the Ontario Medical Association for their kind congratulations.—PONSONBY."

A telegram was also read from the American Medical Association, acknowledging the friendly greeting of the Ontario Medical Association and conveying to them their sympathy and good-fellowship.

Dr. W. H. Porter, of New York, read a paper on "The Etiology and Pathology of Increased Body Heat, in Relation to Disease, and the use of Anti-pyretics."

Drs. Temple, Turver, Hunt, Cronyn and Coverton took part in the discussion.

Dr. Satterthwaite, New York, was then called upon to read his paper on "The So-called Uric Acid Diathesis."

A hearty ovation was tendered the venerable Dr. Joseph Workman, the Association's first President, when he entered the room and took a seat on the platform beside the President.

Dr. W. T. Aikins presented to the Society a lady patient, aged 73, having a large tumor adherent to the face and neck, situated beneath the *platysma myoides*. It commenced to grow 35 years ago, forming a small tumor behind the lobe of the ear. Of late it has increased rapidly in size. The tumor is cylindrical in shape, non cystic; the surface presents a lobulated appearance; there is no enlargement of the lymphatic glands; the weight of the tumor, which measures in the long diameter nine inches

and in the transverse six, is about five pounds.

A paper by Dr. Ryerson, Toronto, on "Thalamic Epilepsy," was on the motion of that gentleman held as read, owing to want of time during that sitting.

Dr. Adam Wright, Toronto, read a paper on "Removal of the Uterine Appendages," reporting certain cases of operation in the Toronto General Hospital which furnished illustrations of three aspects of the question: 1. Operation for the relief of nervous diseases. He thought, as a general rule, all such operations were unjustifiable; but in certain exceptional cases when life or reason was endangered such interference, after careful deliberation, might be considered advisable. 2. Operation for bleeding fibroids of uterus. He thought it the best treatment while dangerous hemorrhages occurred which could not be controlled by medicinal agents. In the vast majority of cases it stopped the hemorrhages and frequently reduced the size of tumors. 3. Operation for disease of appendages; hydro-salpinx, pyo-salpinx, or hemato-salpinx. He advised the operation when a persistent attempt to relieve the symptoms according to the methods advised by Emmet failed to produce a beneficial effect.

Dr. Temple, Toronto, thought the reader of the paper had not attached sufficient importance to the difficulties of diagnosis of such diseased conditions. In some of his cases he had to depend to a large extent on the subjective symptoms; and, after operations, found undoubted evidence of diseased tubes. He thought it likely that Mr. Tait was correct in his opinion, that when disease existed in either tube, both should be removed.

Dr. Rosebrugh, Hamilton, reported a case in that city when the second tube was lately removed about a year after the first had been removed in Toronto by Dr. McFarlane. He was inclined to agree with Tait in his views of such cases as mentioned by Dr. Temple. He gave a description of Mr. Tait's methods of operating as observed by himself during his visit to Birmingham last year.

Dr. Oakley asked the results as far as nervous symptoms were concerned.

Dr. Wright, in reply, said he had had very little experience, as he had seen no operation

for purely nervous symptoms, but when such symptoms existed with local diseases the results as far as they were concerned, had not been very satisfactory.

Dr. Powell, Ottawa, before reading his paper on "Pelvic Hæmatocele" (see page 205,) said he had an apology to offer the Association as the framer of a resolution which had been adopted some time ago in the local society at the Capital, setting forth that the Ontario Medical Association would ultimately crush out its more useful parent, the Canada Medical Association, to the detriment of local organizations. This, Dr. Powell was happy to say, had not been the case, and instead of crippling its parent the child had brought it strength. He extended a hearty welcome to the Association to hold a meeting in Ottawa.

Dr. Palmer, Toronto, explained O'Dwyer's method for intubation of the larynx, and exhibited the instruments.

EVENING SESSION.

Dr. McDonagh, of Toronto, read a paper on "Tuberculosis of the Larynx." The point of greatest importance urged by the writer was the necessity of examining the larynx in all cases of suspected phthisis, arguing that many cases of phthisis could be diagnosed by the laryngoscope before the signs in the lungs were sufficiently marked to allow of a diagnosis being made by the ordinary physical examination. The history of a case in practice was read to illustrate this point. It was also argued that tuberculosis may occur primarily in the larynx, and if recognized at this stage by the laryngoscope, the disease might be arrested before the lungs became affected. The importance of using the microscope for the detection of tubercle bacilli, was referred to and strongly urged.

Dr. Palmer introduced the subject, "Intubation of the Larynx," and spoke of the result which has followed his use of the intubation process, and of the confidence he had thereby been led to repose in it, to the disadvantage of tracheotomy. Professor Packard, of Philadelphia, on the other hand could not see how it was possible for the tubes in this process not to become choked with desiccated mucus. He entered a strong plea for tracheotomy, ac-

knowledgeed the difficulty and danger which often beset that operation, but urged that the only thing for the physician to think of was how most efficiently to relieve his patient. He should always, if he thought the operation necessary, advise the friends of the patient to have tracheotomy performed. If they refused, then his responsibility was over. His opinion was that tracheotomy in general could not entail more suffering than the patient was already undergoing, and if the operation were properly performed, the chances were largely in favor of great relief being given. It was also his opinion that it is very possible to quite overdo the necessity of keeping the atmosphere of the room where the patient is moist and warm. Dr. McFarlane stated that his experience with tracheotomy had been so painful that he had abandoned it. Since coming to this conclusion he had had two cases, in which, according to past analogies, the probabilities were all in favor of the patients dying, but he had done nothing but adhere to the ordinary treatment, and both recovered.

Dr. Shaw presented the report of the Committee on Public Health. The report favoured the placarding of houses where infectious diseases existed, and the exclusion of children from schools for at least twenty-eight days after infection from diphtheria, and forty-nine days after scarlet fever.

The report of the Standing Committee on Ethics, sent in by Chairman A. McLean, of Sarnia, was tabled on motion of Dr. William Oldright, the latter stating the report had not been submitted to the other members of the committee. In its place, Dr. J. E. Graham of this city, presented the report of the special committee on the same subject. The committee advised the adoption of the code of ethics of the American Medical Association. They also advised the embodiment of the following article in the above-mentioned code, and recommended its proper enforcement by the Association:

It is derogatory to the dignity of the profession to resort to public advertisements, or private cards or handbills, inviting the attention of individuals affected with particular diseases; publicly offering advice and medicine to the poor gratis, or promising radical cures;

or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

The Committee also drew the attention of the Association to article 4, sec. 1, of the American Medical Association's code, as follows:

A regular medical education furnishes the only presumptive evidence of professional abilities and requirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner who has a license to practice from some medical board of known and acknowledged respectability, recognized by the American Medical Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma to the rejection of the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

As another matter which comes under this head, the committee would mention the injustice of the present system of club practice. In this province benefit societies are increasing in number every year, and the fees given for medical attendance are in most cases quite inadequate. Your committee think it might be well for the Association to give an opinion upon this subject.

Considerable discussion followed the reading of this report, which was adopted.

On the motion for the adoption of this report, Dr. Ross condemned club doctoring as commonly carried on. Dr. Oldright pointed out that a specialist might be excused for advertising his specialty for the purpose of notifying the public that he did not wish for general practice. Dr. Burnham argued that his experience showed that it was not even necessary for a specialist to advertise his specialty on the

door-plate to escape demands for general practice. The report was adopted.

The treasurer's report was a favorable one, showing \$109 to the credit of the Association.

Dr. Henderson introduced the report of the committee appointed to consider the question of a medical defence union as follows:—

The committee appointed to report on the motion of Dr. Henderson, regarding the formation of a medical defence union, beg to report that in their opinion it is desirable to appoint a committee whose duty it would be to consider appeals from members of this Association who may consider themselves persecuted by unfounded and malicious accusations. If requested, this committee will give professional advice to any member of this Association who may be defendant in a case of surgical malpractice, the Advisory Committee to consist of Dr. Moore, Brockville; Drs. Sullivan and Henderson, Kingston; Dr. Day, Trenton; Dr. Malloch, Hamilton; Drs. Thorburn, Richardson and White, Toronto; Dr. Eccles, London; Dr. Harrison, Selkirk; Dr. Taylor, Goderich; Dr. Thorburn chairman of the board. The report was adopted.

The Nominating Committee brought in the following nominations of officers for the ensuing year:

President, Dr. J. W. Rosebrugh, Hamilton; First Vice-President, Dr. H. M. McKay, Woodstock; Second Vice-President, Dr. Moore, Woodstock; Third Vice-President, Dr. Adam Wright, Toronto; Fourth Vice-President, Dr. Taylor, Goderich; General Secretary, Dr. J. E. White, Toronto; Treasurer, Dr. N. A. Powell, Toronto; Corresponding Secretaries, Dr. Fenwick, Kingston, Dr. McPhatter, Guelph, Dr. R. W. Powell, Ottawa, Dr. Shaw, Hamilton.

The nominations were adopted without amendment.

Dr. Richardson, the retiring president, then led his successor, Dr. Rosebrugh, to the dais, and that gentleman thanked the Association for the honour conferred on him.

The Association will again meet in Toronto next year.

NOTES.

We trust the guests of the Association at future meetings may have more attention paid

them by the reception committee, and not have to stand before the door of the room of meeting until the financial sentinel on guard is satisfied of their identity. It was positively disgraceful that some eminent visitors were forced to stand about the door till some friendly doctor vouched for them.

Is it not too bad that the various committees do not allow themselves to take more united action? If they did, the ubiquitous general secretary would no doubt be greatly relieved, and would not be obliged to superintend all the details.

The President led the singing of the National Anthem. Did you ever hear a choir of doctors? You should have been present.

The lupus, kidney-shaped knife recommended by Dr. Fox, can be procured at Hernstein's, N. Y.

Obituaries.

DR. GEORGE H. SHAVER.

Dr. Geo. H. Shaver completed his student's course in the Toronto School of Medicine in March last, and passed his final examinations in Victoria University and the Ontario Medical Council, with great credit, in April. He went to New York in May, to take one of the post-graduate courses in that city. He left in bright, happy, and apparently good health. In a few days we received word that he was no more, his death having been caused by diphtheria.

DR. BART. B. PATULLO.

Dr. Bart. B. Patullo was well known in Brampton, where he spent most of his life, and in Toronto, where he lived as a student, in the Toronto School of Medicine. As he was genial, generous, and affable in the highest degree, he always made friends wherever he was. He was a son of Dr. Patullo, formerly of Brampton, and now of Toronto. After he graduated in Victoria University, in 1885, he went to Great Britain, and took the degree of L. K. and Q. C., in Dublin. After his return he commenced practice in Tilsonburg, with bright prospects. Suddenly he was seized with pneumonia, and died after an illness of ten days.

Personal.

Dr. Barton has located on Louisa Street.

Dr. Avison has located on Carlton Street.

Dr. J. Galloway will practice in Beaverton.

Dr. Cotton, late of Mount Forest, is now practicing on College Avenue.

Dr. Grant, of Ottawa, has been made a companion of St. Michael and St. George.

Dr. J. H. Hamilton has entered into partnership with Dr. Miller, of Woodhill.

Dr. Graily Hewitt has been elected a Vice-President of the Gynæcological Section at the forthcoming International Medical Congress.

T. J. Alloway has been appointed assistant surgeon of the Montreal General Hospital, *vice* Dr. Girdwood, appointed consulting surgeon.

Dr. James Stewart has been appointed assistant physician to the Montreal General Hospital, *vice*, Dr. J. C. Cameron, appointed consulting physician.

TRINITY MEDICAL COLLEGE.—Dr. Grasett has been appointed to the chair of surgery rendered vacant by the death of Dr. Fulton. Dr. Covernton, sr., takes medical jurisprudence, and Dr. Covernton, jr., sanitary science.

Owing to ill-health, Dr. Wallace, Medical Superintendent, of the Insane Asylum of Hamilton, has been forced to resign. Dr. Russell, of Binbrook, member of the Ontario Medical Council, has been appointed in his stead at a salary of \$1,800 and residence.

Dr. Albert Robin, who has just been elected a member by a large vote, is now the youngest member of the French Academy of Medicine. He is only thirty-eight years old, and is already one of the most brilliant of the savans of France. Dr. Robin has made a specialty of typhoid fever, and out of twelve hundred patients he has never lost one.

A daily paper is responsible for the truth of the report of Dr. Robin's magnificent percentage. Either typhoid fever is peculiarly mild, or the report—well, there is one alternative.

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TORONTO, AUGUST, 1887.

Original Communications.

A CLINICAL LECTURE ON THE SYMPTOMS COMMONLY CALLED URÆMIC.

BY R. L. MACDONNELL, M.D.,

Professor of Hygiene in McGill University, Physician to the
Montreal General Hospital.

(Delivered in the ordinary course of clinical lectures
in the summer session of 1887.)

Gentlemen,—The term uræmia, which you very frequently hear used in and about the hospital, in a general sense, explains itself, *ουρον, αιμα*, urine and blood. The two words have been combined to indicate a general morbid condition of the body in which the supposed pathological cause is the non-excretion of urea and the retention of this excrementitious material in the blood.

Your physiological studies have told you that the main function of the kidney is the withdrawal of urea from the blood, and the elimination of this substance from the body. Now, when from any cause such a separation fails to take place, urea accumulates in the system and acts as a poison, producing, as we have seen, a train of symptoms, some very chronic, some very acute; one case resembling another merely in its general outline, but each case presenting individual characteristics, and most cases ending, sooner or later, in a fatal result. Uræmia is met with in all the forms of Bright's disease, suppurative nephritis, and in cystic, tubercular, and malignant dis-

eases of the kidney. These causes may be at work for many years and the uræmia suddenly set in as the result of some exciting cause, such as pregnancy, acute alcoholism, unusual fatigue, or exposure to cold. Since the beginning of this session we have lost four patients from uræmia, and in each case the symptoms have differed from each other, but in all, the same cause of death has been at work.

The symptoms observed at the close of these four cases have been cerebral, and I propose to deal with them separately.

Headache.—A history of persistent headache ought to at once prompt you to an examination of the urine. Possibly it is more frequently met with in the case of interstitial nephritis (the small red kidney) than in the tubal nephritis (large white kidney), but in all forms of Bright's disease headache is apt to occur, and, when severe, ought to be regarded as a warning of the onset of more serious nervous symptoms.

The case of Rutherford, who died in No. 11 ward about a month ago, serves as an illustration. We found, at the post-mortem examination, that his kidneys were small, and it was thought that they had originally been of the "large white kidney" form of the disease. Distressing headache, with vomiting, anæmia and general anasarca had been the principal symptoms. His history pointed clearly to an acute supervening upon a chronic nephritis. He had been a member of the N.-W. Mounted Police, and had served in the Riel rebellion. After a severe wetting he had been obliged to sleep in

his clothes, and woke up on the following morning feeling very chilly, felt severe pain in his back, and noticed that his face was puffy. Nevertheless, his troop being on the march, he was forced to proceed, and not for some days could he obtain rest in bed with warm bed-clothes. He has never been well since, became anæmic and weak, suffered greatly from lumbar pain, and after struggling two years to earn a living, was obliged to enter this hospital. During his stay here, headache was an urgent symptom. It was not continuous; some days he complained more than others, but the pain was always present, and at times very severe. We found that it was relieved best by purgatives. After a dose of two drachms of jalap powder temporary relief ensued, but up to the time of his death headache continued.

A uræmic headache has, in some cases, a distinctive character—it is accompanied by a sense of heavy weight or compression over the forehead, and there is often obstinate pain at the back of the orbits.

Some of you may have seen a lad who, a few days ago, came into No. 11 ward, and died there within 24 hours. He had been ill some months with a disease of his kidneys, and though he looked flushed and wasted like a phthisis case, or one of typhoid fever, yet he had no elevated temperature, and his urine, a few drachms of which were withdrawn with a catheter, was almost solid on boiling. He said he had been, you will remember, in a Birmingham hospital at the age of 14, and that when there the doctor had cupped his back, and he had been told he had kidney disease.

Now, I asked this boy, in your presence, what his headache was like, when he answered, that it felt like a heavy weight behind his eyes, forcing them out.

Remember, too, that headache may be the first symptom of uræmia.

Another point of diagnosis in uræmia is well illustrated in this case. The distinctly urinous smell of the breath led to the examination of the urine at once, and to the subsequent direction of the enquiry towards a history of Bright's disease.

Vertigo.—With the headache is commonly

associated vertigo, or dizziness, a consciousness of disordered equilibration which, like the headache, is very probably the result of the circulation of poisoned blood in the brain centres.

Epileptiform convulsions.—The most striking cerebral symptoms connected with uræmia are what are commonly called uræmic convulsions and uræmic coma.

These seizures are precisely like epilepsy. They have occurred in two of our cases, and are met with where the patient is already in bed with dropsy or other manifestation of Bright's disease, but often in persons who, up to the time of the attack, have been apparently in very good health. In such cases there is usually a premonitory stage of pain in the head, drowsiness, vomiting, or severe dyspnoea.

A few years ago I was called into a druggist's shop, as I was passing, to attend to a man who had been seized with violent convulsions. Tonic and clonic spasms, biting of the tongue, and frothing of the mouth were present. On the subsidence of the more violent symptoms I had him conveyed to his home, and handed him over to the care of his own physician. He never previously had any fit of any kind. About a year afterwards he died of Bright's disease—this attack, of which I had been witness, having been the first evidence of the disease.

As a matter of clinical experience there is no way by which a distinction can be made at the time between a uræmic and an epileptic attack of convulsions. In a severe case of uræmia the most alarming manifestations of epilepsy are also present, even the biting of the tongue, the frothing of the mouth, the involuntary discharges of urine and feces.

You saw the girl, Shepherd, in No. 30 ward, dying of uræmia. At the close of her illness convulsions set in, not hurriedly, but with ample warning, in the shape of continuous severe headache, and attacks of vomiting. For three days, off and on, convulsions occurred, and in these the main characteristics were the severity and suddenness of the clonic spasms. While speaking, for example, a sudden closure of the jaw would take place, as sudden a snap as could well be imagined, with the result that

the tongue was nearly bitten off, and you were witnesses of the difficulties we had to meet with in keeping this patient from doing herself further destruction.

On the other hand, there are a few features in an epileptic seizure which are not so plainly marked in the uræmic—*e.g.*, the initial cry, the corpse-like pallor, the turning in of the thumbs. The presence of albumen and casts in the urine alone affords satisfactory distinction.

Coma.—After the usual premonitory symptoms, headache, vertigo, dimness of sight, or vomiting, coma is a rapid development, or it comes on without any premonitory symptoms at all, and either with or without convulsions. The face is pale, the pupils dilated, and react slowly to light, but in some cases the pupils are contracted.

Stertor is peculiarly deep, snoring and hissing. The coma deepens, and death is the common result, but in some cases the patient may rally, and continue free from symptoms, to succumb to another attack. Acute coma occurs in all forms of Bright's disease, but is more common in the inflammatory than in the cirrhotic variety.

As a general rule, all uræmic manifestations are bilateral. Hemiplegia and unilateral localized spasm are produced by other causes. Slight cases do occur, though with extreme rarity, where a hemiplegia may remain for a short time after a uræmic attack, and you will find a well reported case of localized spasms, clearly the result of uræmia, reported in the last number (June) of the *Canada Medical and Surgical Journal*, by our friend and former classmate, Dr. Williams.

Acute delirium has, in few cases, been observed to be one of the first manifestations of uræmia. Such a case occurred in our wards two years ago.

Dyspnœa.—This may be the first indication of renal disease, or it may supervene in the course of Bright's disease with uræmia. In the *Canada Medical and Surgical Journal* of November, 1884, you will find an admirable paper by your Dean before the Canada Medical read Association, on "Some of the Varieties of Dyspnœa met with in Bright's Disease," in which several instructive cases are embodied,

illustrating the point that dyspnœa may occur in Bright's disease, not due to gross lesions in the lungs, pleura, or heart, and that its origin may escape recognition if the urine be not carefully examined, as well as the heart and pulse.

Such attacks of the dyspnœa may be continuous, or they may resemble asthma, occurring paroxysmally.

Within the present quarter we have had in Ward 11 a fatal case of uræmia, in which dyspnœa was urgent, and evidently was the immediate cause of death. The patient was a strong, healthy-looking man; entered hospital upon the 20th April, complaining of headache and debility, and more especially of pains in the knees and ankles, so much so that at first sight we supposed we had a case of rheumatism to deal with. The urine was copious and highly albuminous. No casts were discerned. We believed the case to be one of interstitial nephritis. After being in the hospital some three or four days it was observed that the breath seemed very short, and this symptom gradually assumed an alarming character. There were no physical signs in the chest to account for such a manifestation, but there seemed to be an obstruction in the larynx or nose. The patient lapsed into a drowsy, semi-comatose condition, and died on the 25th.

The autopsy showed that our diagnosis was incorrect as to the cause of the disease. He had no interstitial nephritis, but there was on both sides a hydronephrosis. The left kidney was much distended, and almost devoid of healthy secreting substance, the right but partially involved. Both ureters showed a stenosed portion of their calibre. It would have been difficult to assign the origin of this condition, but the effect was plain. The elimination of urea was interfered with, and uræmia was the result.

A form of dyspnœa sometimes, though rarely, met with in Bright's disease is that very remarkable derangement of the breathing known as Cheyne-Stokes respiration. You will remember that I explained this phenomenon to you at the bedside a few days ago.

Three years ago, when I was attending the out-patients, a case of this kind presented

itself. The patient, a French-Canadian, aged about 75, complained that for the last six weeks he had been suffering from shortness of breath upon exertion, which had, during the last three weeks, become so distressing that he had been obliged to remain in bed in a sitting posture. He had evidently been suffering from Bright's disease for a very long time; the face was sallow and thin, and the legs had been swollen for many years. Had been a very hard drinker. There was no hypertrophy of the heart, but a systolic murmur was audible at the apex, and transmitted three inches to the left. Heart sounds at base are normal. The respiration was of well marked Cheyne-Stokes character. Beginning at the pause, which lasted 25 seconds, the respirations became deep, laboured, and noisy, until they reached the rate of 36 to the minute, when the usual gradual subsidence took place. In the intervals the patient suddenly dropped into a doze.

The urine contained 33 per cent. of albumen. The patient was admitted to the wards where, as the result of rest and treatment, the peculiar form of respiration gradually disappeared, as well as the systolic murmur, and he left us considerably improved. We heard of his death at his home some months after.

Changes in vision.—The patient, Shepherd, in Ward 30, you will remember, complained of very great impairment of vision. Before and after death albuminuric retinitis was found to be present. But apart from these structural changes in the eye, the result of Bright's disease, and not uncommonly coincidently with an attack of uræmia, blindness more or less complete, suddenly sets in, sometimes in one, sometimes in both eyes, while ophthalmoscopic examination shows no change in optic nerve or retina. Such attack of amaurosis ceases in most instances in the course of a day, and sight is regained. Not unfrequently the amaurosis is associated with the convulsive seizures, and is perceived for the first time immediately after them.

Vomiting and Diarrhœa have been regarded as eliminative processes and may be considered together. A sick stomach may be the precursor of a dangerous uræmic attack. The vomiting

in the last-named case of uræmia was our first warning.

Other symptoms of minor importance are not uncommonly met with, such as slight clonic spasms, hiccough, itchiness of skin, vertigo, and drowsiness. Lastly, uræmia may assume a form distinctly chronic, the patient suffering from one or many of the above-mentioned symptoms to a moderate degree developed.

THE RELATION OF THE ASEPTIC AND ANTISEPTIC METHOD TO THE TREATMENT OF THE LESIONS OF SYPHILIS.

(Read at Ontario Medical Association, June, 1887.)

BY ARPAD G. GERSTER, M.D.,

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I. ASEPTIC TREATMENT OF PRIMARY INDURATION.

The nature of the specific virus of syphilis is not known. In most cases its local and general manifestations are amenable to appropriate systemic and topical remedies.

It is not intended here to dwell upon the nature and treatment of syphilis as a general disease; only inasmuch as some of its more common local phenomena require surgical treatment, will their consideration be deemed within the limits of this paper.

The anatomical structure of the primary induration, of tubercous syphilides, and of gummy swellings, resembles closely that of recent tuberculous deposits; and their course of development and termination in central coagulation-necrosis, fatty changes, or caseation, also bears much resemblance to the affections caused by the bacillus of tuberculosis.

But there is a third point of parallelism. As long as softened syphilitic foci remain subcutaneous and are not exposed to the influence of the air and its pus-generating germs, their course is bland and slow, and their tendency is to fatty degeneration, encapsulation, and final absorption. But as soon as a softening syphilitic deposit comes under the influence of the pyogenic elements contained in the atmospheric air, its slow and bland character is changed to a most destructive one. Thus syph-

ilitic nodes of the internal organs, being protected from contact with the outer air, rarely, if ever, terminate in ulcerative destruction: they generally tend to fatty involution, absorption, and cicatrization. Specific deposits of the outer skin, the mucous membranes—as, for example, of the nasal and oral bones, on the other hand, are all noted for their pronounced tendency to rapid ulceration or gangrenous destruction.

The explanation of this peculiar difference in the behavior of indurations or tumours essentially identical in morbid character, is to be found in the fact that the poor nutrition and low vitality of the cellular elements composing a primary or secondary syphilitic node, exposed to pyogenic infection by contact with the outer air, offers very favorable conditions for the rapid development and destructive multiplication of germs that are notoriously deleterious even to healthy tissues exposed to them. Pus-generating cocci deposited on the excoriated surface of a syphilitic focus, as, for instance, a primary induration of the prepuce, or a gummy swelling of the nasal bones, will, by their multiplication, lead to massive invasion and rapid ulcerative destruction of the densely infiltrated and poorly nourished node.

Syphilitic ulcers of every kind present a combination of syphilitic and of pyogenic infection.

If we succeed by appropriate systemic treatment in preventing the extension of the central softening of a syphilitic node to the surface, ulcerative changes also will thus be prevented. For example: The timely administration of large doses of iodide of potash may prevent necrosis of the nasal bones, which are the seat of a growing gummy swelling. Their dense infiltration pertains to syphilis; their necrosis, however, is caused by the invasion of pyogenic germs. But we possess another means for preventing ulcerative destruction of syphilitic deposits located in the outer skin. They are more exposed to pyogenic infection, but they are also more accessible to local remedies.

The aseptic protection of the surface of the primary induration offers an easy remedy for preventing the formation of the primary ulcer or chancre.

True, that the prevention of the ulcerative

destruction of a primary induration of the prepuce will not prevent the systemic development of syphilis; but it will, nevertheless, constitute a valuable service rendered to the patient, who will be spared all the suffering, annoyance, and danger connected with the development of the primary ulcer.

If a patient, exhibiting a recent primary induration of the penis, presents himself for treatment before the appearance of the pustular excoriation, or before the epidermal film of the formed pustule is broken, and if the surgeon thoroughly cleanses and disinfects the affected parts, afterwards carefully enveloping the penis in an aseptic dry dressing, ulceration of the indurated node—that is, the development of a primary ulcer—can be effectually prevented.

The node will lose its epidermal covering, but the aseptic dressing will exclude pyogenic infection, and the course of development and involution of the syphilitic deposit will be as though it were subcutaneous. A small quantity of lymph will exude from the excoriated surface, will be imbibed by the aseptic dressing, and will exsiccate,—thus forming a hermetic seal and protection to the diseased tissues.

Fatty disintegration of the infiltrated tissues will be followed by the formation of new epidermis, and when, after three or four weeks, the dressings come off, a cicatrized though still somewhat indurated portion of skin will be exposed to view.

Specific rash, and other manifestations of systemic infection, will appear in due course of time; but the incalculable extension of the ulceration to adjoining non-infiltrated parts of the skin, and the formation of suppurative buboes and other complications, will be obviated. The following case may serve as an illustration:—

Case H. B., aged 25, presented himself Jan. 2nd, 1887, with a hard, elevated node, the size of a nickel, occupying the dorsum penis, and another smaller induration near the frenulum. Suspicious cohabitation had been indulged in for some time until within a few days of the visit. Bilateral indolent inguinal lymphadenitis was noted, and the presence of specific infection was assumed. The patient was kept under daily observation, and was directed not to

meddle with any blister that might appear on the indurated spots. Jan. 8th.—A yellow discoloration was observed occupying the apex of the larger node, and was looked upon as an indication that a pustule was forming. The entire penis was carefully cleansed with green soap and warm water, and was disinfected with a 1:1000 solution of corrosive sublimate, good care being taken not to break the transparent layer of epidermis covering the discolored spot. A thick layer of iodoform powder was sprinkled over both indurated nodes, and a small patch of iodoformized gauze was placed over them—this being held down by a narrow, oblong compress of corrosive sublimate gauze, snugly bandaged on with a muslin roller. The meatus was left exposed for micturition, and the patient was directed not to interfere with the dressings and to report daily. The first dressing remained undisturbed until Jan. 17, when its external part, getting disarranged, was removed. The strip of iodoform-gauze was found firmly attached to the underlying indurated nodes, and had the appearance of a hard, flat cake, that had been evidently soaked through by lymph or serum some time since its application. Evaporation of its aqueous contents had converted it to the shape just described. It was left *in situ*, and a fresh outer dressing was applied.

At the same date (Jan. 17), the girl with whom the patient had held commerce, presented herself for examination, at the author's request, and was found to be covered with a small papulous specific rash. The appearance of her throat, the universal adenitis, and two freshly cicatrized spots on the labia minora, left no doubt of her being subject to florid syphilis. She remained under prolonged specific treatment, and in July, 1887, still exhibited pharyngeal ulcerations.

Jan. 25th.—The dressings applied to the patient's penis became again disarranged, and had to be renewed. The immediate covering of the nodes, consisting of iodoform-gauze, was still firmly adherent, and was left unchanged.

Feb. 12th.—A general maculous rash appeared on the patient's body, and systemic treatment by mercurial inunctions was commenced.

Feb. 20th.—The entire dressings came off; the strip of iodoform-gauze in the shape of a perfectly dry scab, to the inner side of which was found attached a patch of shiny scales, consisting of effete epidermis. The nodes, which were formerly prominent, had receded to the level of the surrounding skin, and the induration, which still could be felt, was marked by a coat of fresh-looking young epidermis. The patient received fifty inunctions of blue ointment, which freed him from all cutaneous symptoms of the disease. In May, pharyngeal ulcerations appearing, the inunctions were resumed. The size and hardness of the initial sclerosis were visibly diminished by this time.

It seems in the foregoing case that the ulcerative destruction of the primary induration was forestalled by disinfection and subsequent aseptic management. Without them the imminent formation of an initial sore would have inevitably occurred. The treatment of the fully developed chancre would certainly have been a much more disagreeable, painful and filthy experience than the simple manipulation of once cleansing and protecting the initial induration. The site of the morbid process thus protected against "external irritation," that is, pyogenic infection, ran, as it were, a subcutaneous and bland course of slow involution, the aggregate of discharge during forty-three days not exceeding the small quantity required to permeate a strip of four layers of iodoformized gauze, covering an area of about two-thirds of a square inch.

II. ANTISEPTIC TREATMENT OF THE PRIMARY SYPHILITIC ULCER.

The results obtained by the various time-honored and well-established forms of local treatment of the primary syphilitic ulcer, all bear out the assumption that the specific alteration of the affected tissues only serve as a predisposing condition to the subsequent ulcerative destruction of the initial sclerosis. The ulceration is directly produced by the engrafting of purulent infection on a soil that has been devitalized by the dense cellular infiltration characteristic of initial sclerosis. The rapid destruction observed in chancre is always signaled by the detachment of the epidermis raised in the

shape of a pustule, under which we find a yellowish, brittle necrobiotic nucleus, which is the first to succumb to the onslaught of the pyogenic organisms, deposited on it by the manipulations of the patient or otherwise.

The various forms of local treatment successfully employed for the cure of chancre are all antiseptic in character.

Their aim is either the prompt removal of the infectious discharge by prolonged baths and frequent moist dressings, or disinfection by weak or concentrated caustics, or a combination of measures directed towards a rapid mechanical removal of the deleterious secretions, with chemical disinfection. As the most powerful and most effective arrester of the destructive course of phagædenic chancre, the actual cautery is to be mentioned: the sovereign destroyer of all microbial parasites.

(a) Chemical sterilization and surface drainage by medicated moist dressings.

The energy to be applied to the local treatment of an ulcerating initial sclerosis should be proportionate to the virulence and destructiveness of the morbid process. In most cases the resistance of the vital forces combating the morbid process will be sufficient to check the damage. This is attested by the numerous cases of neglected chancre that end ultimately in spontaneous cure. Hence, in most instances, a mild treatment by local antiseptic baths, combined with moist antiseptic dressings, will answer the purpose.

Frequent removal of the soiled dressings forms the most essential part of this plan of therapy. The patient is directed to provide himself with a wide mouthed one-ounce vial, which is filled with suitably proportioned small square pieces of lint or gauze, over which is poured a moderate quantity of a one per cent. solution of carbolic acid, or a 1:5000 solution of corrosive sublimate. The cork-stoppered vial can be easily carried by the patient, who is enjoined to dress the sore or sores at least once every hour, and oftener if the discharge be very profuse. In the morning and evening a prolonged local bath in the same solution is advisable. In many cases this plan will be sufficient to check the extension of the ulcer, and to bring about cleansing of its bottom.

Another mild form of antiseptic treatment consists of the application of iodoform powder to the ulcerating surface. The objectionable odor of the drug can be excellently masked by the admixture of equal parts of freshly roasted and ground coffee. As soon as the appearance of a cicatricial border is apparent, these modes of treatment should be abandoned in favor of the application of strips of mercurial plaster, which should be renewed in proportion to the amount of discharge. Cicatrization will be very much hastened by this change.

(b) Chemical sterilization by strong caustics.

Cases of greater virulence which do not yield within a fortnight or so to the mild plan of treatment by scrupulous cleansing and disinfection, or in which rapid extension of the ulcer does not justify temporizing, require the application of escharotics. The author has found a 50 per cent. solution of chloride of zinc the most convenient and most effective of all chemicals recommended for the cauterization of chancre. Its application is to be done as follows:—The ulcer and its vicinity are subjected to a careful cleansing, by a mop of cotton dipped in a 1:1000 solution of corrosive sublimate. Crusts and scabs overlapping the edge of the sore must be gently removed. A small piece of clean blotting-paper is applied to the ulcer and its vicinity with gentle pressure to remove all moisture. A moderate quantity of the caustic solution is applied to the sore with a glass rod or matchstick, care being taken not to corrode unnecessarily the surrounding healthy skin. Previous thorough drying of the integument with blotting-paper will best prevent overflowing of the caustic. All the nooks and indentations of the margin of the ulcer must be carefully covered by the solution. As soon as the base of the sore assumes the color of parchment, which will occur in from three to five minutes, cauterization is completed, whereupon the surplus of caustic should be removed by the application of another piece of blotting-paper. The eschar is dusted with a little iodoform—coffee powder, and is protected from injury by a strip of moist lint or gauze.

If the cauterization was sufficient, further extension of the ulcerative process will be arrested thereby. In from two to six days,

according to the depth of the eschar, a narrow line of demarkation will appear, and the eschar being detached, a healthy granulating surface will become visible. This should be dressed with strips of mercurial plaster until cicatrization is completed.

Insufficient chemical cauterization will not check the ulcerative decay of the tissues. In proportion to the incompleteness of the application, partial or total extension of the ulcer will be observed. In some cases only a tongue of renewed ulceration will be seen extending outward from the margin of the eschar. In others, the ulceration will spread all around the cauterized patch, thus demonstrating the entire inadequacy of the application. The surgeon's error should be in favor of too much rather than too little of the caustic.

When the process is found to be extending more or less in spite of a previous cauterization, the deficiency should be corrected without delay by a renewed application.

(c) *Sterilization by the actual cautery.*

Phagedænic forms of chancre, characterized by dusky swelling and a rapidly-spreading more or less gangrenous decay of the penile tissues, can be rarely arrested by anything short of the energetic application of the actual cautery. In some cases renewed searing will be required to check the trouble brought under control in one part of the ulcer, but extending further in another direction from a limited part of the lesion. It is especially important to search out all recesses overlapped by the undermined margin of integument, as they are the chief nidus of active infection. The thermo-cautery, or red-hot iron, should be well inserted in all of these recesses and sinuses, otherwise the result will be incomplete or entirely unsatisfactory. The wound should be packed with very narrow strips of iodoform gauze while the patient is still under the influence of the indispensable anæsthetic, and care should be taken to line all nooks and crevices of the irregular wound with the gauze. The object of this is to prevent retention, and to secure prompt disinfection of the discharges which needs must be absorbed by the dressings. The penis is enveloped in an ample compress, moistened with warm carbolic lotion (1 per cent.),

over which is placed a piece of rubber tissue to prevent evaporation. Daily change of dressings is to be done after a hip-bath, which will very much facilitate their painless removal. The febrile disturbance regularly noted with these most virulent forms of specific ulcer, and the general debility and anæmia, which is its main predisposing cause, require appropriate roborant and anti-febrile general treatment.

As soon as cicatrization shall have commenced, the affection is to be treated like a simple ulcer.

The foregoing view of the relation of suppuration to syphilitic lesions is based exclusively upon clinical data, and needs corroboration at the hands of pathologists more expert in systematic and exact research than the author. One object of these remarks was to arrange the clinical facts pertaining to syphilitic ulcerations under a general principle, from which the therapeutic measures usually employed for their cure could be easily and logically deduced. Another object will be fulfilled if the foregoing thoughts of a clinical observer will induce further inquiry into the interesting and practically important field of mixed parasitic infection.

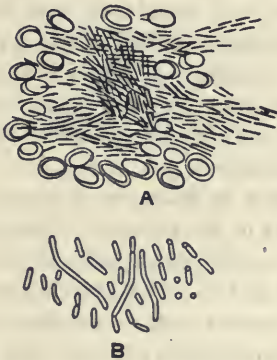
TYPHOID FEVER COMPLICATING PREGNANCY: PATHOLOGICAL NOTES.

BY W. H. B. AIKINS, M.D.,

Pathologist to Toronto General Hospital.

E. C., aged 20, unmarried, was admitted to the lying-in-department of the General Hospital with commencing labor pains which terminated in the delivery of a fœtus, apparently near, or at full term. Severe *post partum* hæmorrhage followed, and, notwithstanding all efforts to cause complete uterine contractions, that organ failed to respond, and remained during life in a flaccid condition. After delivery, and some time prior to the patient's demise, the temperature was taken, and found to be 106°. There was a suspicion that the elevation of temperature might be due to septicæmia, and in order to satisfy myself in this matter I removed the spleen six hours after death to examine it for micro-organisms, a small portion of its sub-

stance was picked up on a sterilized platinum point from an incision made (after the manner of Koch) with knives sterilized by heat, and placed on a cover glass, and stained in the ordinary manner. On examining with an oil immersion lens ($\frac{1}{16}$ Leitz), instead of finding the streptococcus septicus—present in all cases of puerperal septicæmia—I was surprised to observe bacilli, which answered in appearance to those first described by Klebs and Eberth as the causal agent of typhoid fever, and which are most numerous present in the early weeks of the affection. No other micro-organisms were present. I was fully convinced from this that we had to deal with a typhoid fever, which might have been causative of a premature labor, as is so frequently the case in those advanced in pregnancy. I made the autopsy, assisted by Dr. Scott, and found satisfactory evidence to support the conclusion arrived at by the microscopic examination.



A represents a colony of typhoid bacilli from the spleen, together with white blood corpuscles (1-500).

B (after Flügge) shows typhoid bacilli when cultured, some of them containing spores: also free spores (1-800).

It may be well here to add, as a practical application of a scientific fact, that typhoid fever may be diagnosed comparatively early (as has frequently been done in Nothnagel's clinic) by removing by hypodermic needle some of the splenic substance which, in the majority of the cases, will show on microscopic examination, and on culturing in the proper nutrient media the pathogenic micro-organism of typhoid fever.

Charpentier gives a table of 322 cases collected from various sources: In 182 of this

number premature labor or abortion occurred. This lethal result one can readily understand. Owing to the parenchymatous degeneration of the organs and tissues which attends all cases of typhoid fever, and in which the uterus shares, the uterine tissue loses its full contractile power; also the blood being poor in fibrine, its coagulability is impaired, hence hæmorrhages readily occur, and owing to imperfect uterine contraction are difficult of control. The following was noted by Dr. W. D. Scott at the autopsy:

Both lungs were congested, and slightly oedematous, and there was a small quantity of fluid in the pleural sacs. The heart pale and flabby, about two ounces of fluid in the pericardium. The liver and kidneys showed signs of parenchymatous degeneration, the latter weighing fourteen ounces. The spleen was enlarged and soft. The uterus was that of one recently delivered; not fully contracted, but flabby.

On opening the bowel at the ileo-cæcal valve several large ulcers were seen, and extending up the ileum for a distance of $4\frac{1}{2}$ feet the Peyer's patches and solitary glands were found in different stages of infiltration. The mesenteric glands were also found to have undergone degeneration, some being enlarged and quite soft. The fecal matter was fluid, and of an ochre-yellow color.

FOREIGN BODY IN THE ŒSOPHAGUS. REMOVAL.

BY EDMUND E. KING, M.D.; L.R.C.P. LOND.

The following case has seemed to me worthy of being placed on record, not only on account of the large size of the foreign body, but also to show the aid to be derived from the use of the laryngoscope in such cases.

On June 6th I was called about mid-day to see Mrs. S—, aged 58 years, who complained of something sticking in her throat. I found her in great distress, being unable to swallow solids at all, and liquids only with difficulty. She told me that at dinner, having taken a piece of meat in her mouth, she was trying to masticate it slowly, owing to the absence of teeth in her upper jaw, when her attention

being suddenly diverted, the piece slipped down her throat, and stuck fast, so that she was unable to dislodge it. She did not remark to me the size of the piece, and for some unaccountable reason I thought it small. On introducing the finger into the pharynx, there was nothing to be felt, and, indeed, the patient declared that the trouble was farther down. On examination with the laryngoscope I found the larynx normal, but I observed, just behind the



cricoid cartilage, a small, dark spot, (marked A in cut) somewhat resembling an infiltration of blood beneath the mucous membrane, and covered with mucus. I called Dr. McDonagh to see the case with me, and after

examining with the laryngoscope, he expressed the opinion that the dark spot which I had observed was part of the foreign body which was located at the upper opening of the œsophagus. After the application of a 16 per cent. solution of cocaine, a pair of Schroetter's forceps was introduced, and, directed by the mirror, to the small object which was visible, and having grasped it, a very slight force was required to withdraw a mass of bone covered with flesh, the size of which fairly astonished us.

The cut is the exact size. A B represent points of bone uncovered with flesh. The length was $1\frac{1}{4}$ inch; breadth, $\frac{5}{8}$ inch, and thickness, $\frac{1}{4}$ inch.

PROSTATOTOMY.

BY A. GROVES, M.D., FERGUS.

(Read at Ontario Medical Association, June, 1887.)

Having lately practised the operation known as prostatotomy on several occasions, and having found that marked improvement, amounting often to cure, resulted, I thought the subject might not be altogether unworthy the attention of this Association, more especially as the operation is one rather rarely resorted to for the relief of patients suffering from the effects of prostatic hypertrophy. If an excuse were needed for bringing this subject before you, it would be furnished by the fact that there is perhaps no disease which entails so much

suffering and discomfort on a considerable proportion of men beyond middle life as does a prostate which, by its size, interferes with micturition to the extent that requires the constant use of the catheter when the passing of this instrument is painful and difficult or is followed by hemorrhage, or in those cases in which the relief following catheterization is of short duration and the bladder contains tenacious mucus or pus. It is in such cases the operation in question is more particularly applicable and the results obtained especially gratifying. The operation is similar to an ordinary median lithotomy. The patient is placed in the lithotomy position, and a staff grooved on its convex surface passed into the bladder. The incision is made exactly in the median line, and the membranous portion of the urethra opened close to the prostate; then an ordinary lithotomy knife is passed along the grooved staff and the obstructing portion of the prostate incised. A drainage-tube is inserted, the staff withdrawn and the patient put to bed, means being taken to prevent the tube from slipping out. As a rule, there is no bleeding of any account; and the patient relieved of his ever-present source of irritation promptly improves.

As advised by Harrison, it is well in many cases, if not in all, to use a tube large enough to allow a soft rubber catheter to be passed through it, as this instrument is now irritating and can be removed and cleaned without annoyance or worry to the patient. The system of drainage should be kept up for a considerable time, say from one to three months, the patient, of course, going about after the first few days, the urine being caught in a rubber urinal, which is the better way, or a stop-cock attached to the drainage-tube, which may be opened as occasion requires. Under this system of complete drainage the bladder, more or less paralyzed by over-distension and disease resulting from the presence of decomposing urine, recovers its tone; the mucous membrane takes on healthy action; pus and glairy mucus disappear, and the patient's health improves. As the healing process goes on in the prostate, cicatricial tissue is formed, which by its gradual contraction causes more or less atrophy of the

obstructing portion of the gland, so that the improvement is not only permanent but progressive.

I have only operated in a few cases, but in these the relief was so prompt and the improvement so marked that I should not hesitate to recommend the procedure in appropriate cases in future. The question as to when the operation should be undertaken is rather difficult to answer, but my own opinion is that it is a mistake to wait until the patient is worn out by disease and suffering. It may be fairly urged against too long delay that it condemns the patient to a great deal of avoidable suffering, and at the same time lessens his chance of ultimate recovery and so tends to bring the operation into undeserved disrepute. In this, as in all other surgical procedures, it is improper to operate upon a dying man; but it is no less improper to delay an operation until hope has fled.

PERFORATION OF THE BOWEL— CASE IN PRACTICE.

DR. J. A. PALMER, RICHMOND HILL.

The following is reported not with a view of giving information, but rather in the belief that a brief summary of the facts may prove interesting to members of the profession from the peculiarity of certain features of the case:

S. H., girl, aged six years, was first seen by Dr. James Langstaff, April 22, 1887, about 7 p.m. The child was suddenly taken ill the day before with a violent attack of purging and vomiting. The abdomen was tumid and very tender, and she winced greatly on pressure, pulse about 170. She was in a semicomatose condition, with eyes wide open and lifeless, and the pupils dilated. Under treatment she gradually aroused and appeared more sensible when spoken to, though the tenderness and abdominal distension continued throughout the course of the disease.

The patient continued, with some improvement in the general symptoms, till fluid was detected in the peritoneal cavity, and on the 14th of June purging set in, the fluid quickly disappeared, but the abdomen became more dis-

tended than before, and tympanitic over its entire surface.

At this time we suspected perforation of the bowel, for although the child was purged no gas escaped with the watery discharges, and shortly after this a fulness appeared on the left epigastric region, as though an abscess had formed. This opened externally on June 22nd with little discharge except foetid gas, abdominal walls falling in at once. From this time to the termination of the case on July 10th, a large portion of the contents of the alimentary canal passed through this opening, the child also still having evacuation by way of rectum.

Patient's appetite improved; the strength, however, gradually diminished, and she expired about 2 a.m., on July the 10th. The same day I held a *post mortem* examination which revealed, in brief, the following condition:

Beneath the integument two apertures could be felt in the peritoneum, which was thickened; adhesion existed between the bowels and peritoneum, especially in epigastrium, and also in places between the bowels themselves. The diameter of the aperture in the abdominal walls was fully an inch, but did not correspond with any internal opening in peritoneum. An opening (diameter $\frac{3}{4}$ inch) existed in the bowel (ascending colon) through which its contents escaped. Below this perforation the calibre of the intestine was narrowed, and contained faecal matter, which was also in the adjoining peritoneal cavity.

There can be no doubt that perforation of the bowel occurred, at least, by the 14th June, and from the sudden onset and violent character of the initial symptoms it would appear probable that the commencement of the trouble in April was coincident with this perforation. I know of no recorded case in which life continued so long under such circumstances. Unquestionably the contents of the intestines, in part, passed through the opening in the abdominal wall for nearly a month, and if we are justified in dating from the commencement of the attack, the perforation existed for more than ten weeks.

Leroy recommends the administration of aconitine in case of violent syphilitic headache.

THE SURGICAL TREATMENT OF CERTAIN SKIN DISEASES.

BY DR. GEORGE HENRY FOX, OF NEW YORK.

Dr. Fox read a paper on the above subject at the recent meeting of the Ontario Medical Association, which was illustrated by cases and life-sized photographs. He called attention to a few simple instruments which he considered indispensable in dermatological practice, and of which the physician in general practice rarely makes use.

The value of the lancet in the treatment of indurated acne, rosacea and chronic leg ulcers; the use of electrolysis in the destruction of angiomas and the removal of pigmentary moles and superfluous hair; the employment of a metallic roller electrode in the relief of general pruritus, and the use of the curette in epithelioma and the scarifying knife in lupus, were successively discussed.

A case of nævus was exhibited in which a large pigmented, hairy, and warty patch involved the cheek and eyelid. The hair from a small portion of the patch had just been removed by electrolysis, and the reader of the paper claimed that by the use of the electrolytic needle, the excrescences, the hair, and the discoloration could be removed, and a better result attained than by any other plan of treatment.

A case of lupus vulgaris of long standing was also exhibited which had just been treated by linear scarification. The instrument used for this purpose by Dr. Fox was a small kidney-shaped knife; and it was claimed that by the adoption of this method of treatment, especially in cases of ulcerative lupus of the nose, the diseased tissue could be gradually destroyed and a far less contractile and disfiguring cicatrix left than by the use of the dermal curette or cautery. The use of a burr and hook, such as are employed by dentists in cleaning out carious cavities, was also recommended highly in the treatment of lupus, under certain conditions.

T. D. Greenlees states that in acute mania and conditions of mental excitement there is a lowered arterial tension.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

TREATMENT OF CHOLERA INFANTUM IN BELLEVUE HOSPITAL.

Dr. A. Jacobi treats the cases which come into his ward as follows:

INTERNAL MEDICATION.—*Empty the stomach and bowels* of fermenting masses. The castor oil of the lay public answers well. A dose of calomel (grs. j-vj) answers better, because it acts as an anti-fermentative, beside being a purgative.

Neutralize acids (fat acids) in the stomach. Carbonate or phosphate of calcium, grs. j-ij, every one to two hours, acts as an adjuvant to other treatment. Bismuth also answers this indication, besides being an anti-fermentative. Dose, grs. ss-ij every one to two hours. May (must) be combined with opium, Dover's powder, grs. $\frac{1}{6}$ — $\frac{1}{3}$, every one, two, to four hours. No salts of magnesium or sodium, because they add to the diarrhoea in these acute cases. Avoid syrups to correct the taste of medicines. They will turn sour. Prefer glycerine.

Anti-Fermentatives.—Calomel, bismuth, alcohol, creasote, salicylate of sodium, and resorcin have been recommended for their anti-fermentative effect. Of the two latter I prefer resorcin, iv-x grains *a day*, in solutions (suspensions), or as a constituent of powders (with bismuth, chalk, opium).

Sedative.—Opium depresses hyperæsthesia, hyper-peristalsis, and hypersecretion. Dover's powder (gr. $\frac{1}{6}$ to $\frac{1}{3}$ every two to three hour-) acts very well, though some writers object to it, and is indispensable. Does well with bismuth, and prepared chalk, with or without resorcin.

Astringents.—In acute cases, and when the stomach participates in the process, lead, tannin, gallic acid, alum, etc., are badly borne. In chronic protracted cases they will find their indication. Nitrate of silver does better in many acute cases, gr. $\frac{1}{60}$ th to $\frac{1}{30}$ th in 2 drachms of distilled water (dark bottle) every two hours. Creasote water in chronic cases.

Stimulants.—Alcohol may be admixed to food. Bad brandy or whiskey contains fusil oil, which is a paralyzing agent. Whiskey is therefore preferable with us, because it can be obtained in greater purity for less money. (See under "Food.") Never give it raw. Camphor is better borne than ammonia. It is easily taken when simply rubbed off with glycerine suspended in mucilage (gr. $\frac{1}{4}$ —ij every one to two hours). The strongest nerve stimulant of all is *Siberian musk*. Give in *urgent* cases of collapse gr. i—ij every fifteen or thirty minutes (best suspended in mucilage) until six or twelve grains have been taken. A very good stimulant in collapse is the injection into the bowels through a long flexible tube (catheter No. 12) of hot water with some alcohol, and one or a few drops of tinct. op.

EXTERNAL APPLICATIONS AND HYGIENE.—In acute cases with high temperature applications of water of 60°–70° to abdomen. Where much pain and with anæmic children, warm applications do better. Frequent injections of water of 100° F. answer well in most cases, not only in rectal catarrh. In collapse or great debility, the water ought to be from 105° to 112° F., and contain some alcohol and opium. Part of this water will be absorbed, fill the blood-vessels, and may prevent intracranial and other thromboses. The addition of gum-Arabic to the injection, or the use of glutinous decoctions (flax-seed) instead of water is quite satisfactory. Open doors and windows in hot weather. Select the coolest place in the neighborhood for the patient, day and night. Night air is better than no air. Country air, sea air, better than city air, particularly at some altitude. When the body is warm and the weather hot, wash the body with cool water, or alcohol and water (1 : 5) frequently. Cold feet must be warmed artificially.

Food.—No raw milk, no boiled milk, no milk admixture at all, in bad cases. In vomiting and severe diarrhœa, total abstinence for from one to six hours. Afterward teaspoon doses of a mucilaginous or farinaceous decoction. Regular food : 5 ounces of barley-water, 1-2 drachms of brandy or whiskey, the white of 1 egg, salt and sugar, teaspoonful every five or fifteen minutes, according to age and case. May be

mixed with mutton-broth, which, with white of egg, etc., is better than beef-soup or beef-tea in convalescence. Abstinence better for vomiting than ice ; the latter may quiet the stomach, feel pleasant, but stimulates peristalsis. Avoid beef-tea. If it be given in convalescence, mix it with barley-water.

Toward the end of the disease, or when the discharges are many and copious, and inspissation of blood, and thromboses (hydro-encephaloid) threatening, the common sense of the practitioner will introduce liquid into the circulation as best he can. No written rule ever supplies or substitutes brains.—*Med. News.*

SUCCESSFUL REMOVAL OF A TUMOR FROM THE SPINAL CANAL.—On June 9th, Mr. Victor Horsley removed a tumor from the spinal canal of a gentleman aged forty. The diagnosis of compression of the spinal cord by a morbid growth was made by Dr. Gowers, who saw the patient with Dr. Percy Kidd. The patient was suffering from paraplegia, which commenced gradually six months ago, and from pain round the chest of four years' duration. Sir William Jenner afterward saw the patient, and confirmed the diagnosis. Dr. Gowers suggested that an attempt should be made to remove the growth. From the history of severe neuralgic pain in the back and along the course of the left sixth dorsal nerve which preceded the paraplegia, it was considered probable that the growth commenced in the posterior root of the nerve, and afterward produced pressure on the cord. The operation was performed by a long incision in the mid-line of the back, having its centre about the fifth dorsal, down to the spines of the vertebrae. The muscles were cleared off from the laminae and retracted. The spines were removed by bone forceps, and then the laminae trephined. An incision was made through the membranes and the cord examined, a tumor about the size of the tip of the little finger being eventually found on the posterior root of the nerve about the level of the third dorsal vertebra. This had pressed the cord forward and to the right, producing a deep depression in its substance. It was removed with the nerve to which it was attached. The incision through the membranes, which

was at least three inches long, was not sutured; the wound in the soft parts was closed with sutures and drained. Strict antiseptic precautions were taken at the operation. Since the operation there has been no rise of temperature, and the pain has diminished. The painful spasmodic action of the muscles of the lower extremities from which the patient suffered has diminished, and there has been less rigidity of the legs, but the paraplegia continues. The growth, which was of a pinkish color, elastic and vascular, has not yet been submitted to microscopical investigation.—*London Lancet*.

THE TREATMENT OF SUPERFICIAL NEURALGIAS BY "KATAPHORESIS."—At the Sixth Congress for Internal Medicine held recently at Wiesbaden, Adamkiewicz, of Krakau, called attention to this method of treating pain occurring in superficial nerve trunks. It consists in the application of chloroform to the affected area, over which in turn is placed a diffusion electrode connected with the positive pole of a constant battery. The circuit is now completed, and the current kept up for two minutes, then gradually decreased until no current passes. Under these circumstances the chloroform passes through the skin by what Adamkiewicz sees fit to call "kataphoresis," and palsies the nerve trunk without producing any inflammation or sloughing of the part. He thinks that this was a measure not only temporary in its benefits, but permanent, and that while a single application was sufficient to relieve any given attack, that three or four applications, one for each period of suffering, generally effected a permanent cure. He also calls attention to what we already know, that such a procedure is necessarily limited to those cases in which the affected nerve is not deeply situated.—*Medical News*.

INTRAUTERINE DOUCHES OF SUBLIMATE.—Dr. Berry Hart expressed the following views at a recent meeting of the Edinburgh Obstetrical Society:

It is of use to practise intrauterine douching where parametritis exists. When fixation of the uterus is present, it may not be due to sepsis, but may only be inflammatory Dr.

Hart mentioned a case where the uterus was fixed, and the patient was dying of septicæmia, but was saved by the use of corrosive sublimate. When the mischief is beyond the uterus, abdominal section should be performed, and intra-abdominal douching practised. Corrosive sublimate is as safe as chloroform, if properly used. No man has a right to use it as strong as 1:1000 in the uterus. It was quite possible that in those fatal cases where a low strength had been used, that the kidneys had been previously affected. Dr. Stevens, in his observations on the urine of patients in the Maternity, had found that in nearly every case the urine contained some albumen. The question arose, Will douching with corrosive sublimate not set up kidney mischief in these cases?—*Edinburgh Medical Journal*.

ANALYSIS OF "TEMPERANCE DRINKS."—The chemist of Massachusetts State Board of Health has recently analyzed a large number of so-called temperance drinks, and has found that all of them contain alcohol, one of them containing as much as 44.3 per cent. Several of them contain more than 40 per cent., and a very large proportion more than 20 per cent. One of these is said by its manufacturer to be "a purely vegetable extract, stimulus to the body without intoxicating." "Inebriates struggling to reform will find its tonic and sustaining influence on the nervous system a great help to their efforts." This preparation was found to contain 41.6 per cent. of alcohol.

TONICS.

Carter's Physical Extract, Georgetown, Mass. 22 per cent.
 Hooker's Wigwam Tonic, Haverill, Mass., 20.7 per cent.
 Hooflands German Tonic, Philadelphia, 29.3 per cent.
 Hop Tonic, Grand Rapids, 7 per cent.
 Howe's Arabian Tonic, New York, 13.2 per cent.
 Jackson's Golden Seal Tonic, Boston, 19.6 per cent.
 Liebig Company's Ooca Beef Tonic, New York, 23.2 per cent.
 Parker's Tonic, New York (advertised as without stimulants), 42.6 per cent.

Schenck's Sea Weed Tonic, Philadelphia, 19.5 per cent.

BITTERS.

Atwood's Quinine Tonic Bitters, Boston, 29.2 per cent.

Atwood's Jaundice Bitters, Portland, 22.3 per cent.

Baxter's Mandrake Bitters, Burlington, 16.5 per cent.

Baker's Stomach Bitters, New York, 42.6 per cent.

Brown's Iron Bitters, Baltimore, 19.7 per cent.

Burdock Blood Bitters, Buffalo, 25.2 per cent.

Carter's Scotch Bitters, Georgetown, 17.6 per cent.

Colton's Bitters, Westfield, 27.1 per cent.

Drake's Plantation Bitters, New York, 33.2 per cent.

Flink's Quaker Bitters, Boston, 21.4 per cent.

Godhue's Bitters, Boston, 16.1 per cent.

Hartshorn's Bitters, Boston, 22.2 per cent.

Hooftland's German Bitters, Philadelphia (claimed to be free from all alcohol), 25.6 per cent.

Hop Bitters, Rochester, 12 per cent.

Hostetter's Stomach Bitters, Pittsburg, 44.3 per cent.

Sulphur Bitters, Boston (contains no sulphur), 20.5 per cent.

Langley's Bitters, Boston, 18.1 per cent.

Mexican Tonic Bitters, Boston, 22.4 per cent.

Porter's Stomach Bitters, New York, 27.9 per cent.

Bush's Bitters, New York, 35 per cent.

Sherry Wine Bitters, Wakefield, 47.5 per cent.

Cinchonia Bitters, Providence, 13.1 per cent.

German Bitters, Concord, 21.5 per cent.

Strengthening Bitters, New Bedford, 29 per cent.

Old Continental Bitters, Lynn, 11.4 per cent.

Walker's Vinegar Bitters, New York, 6.1 per cent.

Warner's Safe Tonic Bitters, Rochester, 35.7 per cent.

Warner's Bilious Bitters, Boston, 21.5 per cent.

Wheeler's Tonic Sherry Wine Bitters, Boston, 18.8 per cent.

Wheat Bitters, New York, 13.6 per cent.

Faith Whitcom's Nerve Bitters, Boston, 20.3 per cent.

Williams' Vegetable Jaundice Bitters, Lowell, 18.5 per cent.—*Boston Med. and Sur. Jour.*

A MODIFICATION OF O'DWYER'S GAG.—The following modification of O'Dwyer's gag I have devised to meet a serious objection to an otherwise excellent instrument. No matter how firmly the child's head is held, the left shoulder is frequently forced against the arms of O'Dwyer's gag, thus displacing the instrument, to the physical discomfort of the physician's finger, and possible laceration of the gums or the cheek of the little patient. In the modification, as will be seen in the accompanying cut, the arms of the lever are directed straight backward toward the ear, in place of being inclined down as in the original instrument. The assistant, standing behind the patient, can readily include the gag within his grasp while holding the head of the child. The



catch also has been modified, the ring of the original being replaced by a dentated spring, allowing the jaws to be separated to the desired degree. The instrument has been used by myself and friend, Dr. Huber, in at least fifty instances with entire satisfaction.—*Dr. E. E. Denhard, in Medical Record.*

CORROSIVE SUBLIMATE IN INTRA-UTERINE IRRIGATION.—Dr. Braun, from recent observations, has arrived at the following conclusions concerning the use of corrosive sublimate in irrigation of the uterus and vagina: 1. Vaginal or intra-uterine irrigation is frequently followed by absorption of the injected liquid; 2. When this occurs mercury is quickly detected in the feces; 3. If the return of the injected liquid be in any way prevented, absorption occurs rapidly; 4. The 1 in 1,000 solution of sublimate should be used only in serious cases, such as tympanites of the uterus, putrefaction of the fetus in the uterine cavity, or septic puerperal fever. The injection should not occupy more than a minute in the performance, and should

be followed by a copious injection of distilled water; 5. The 4 in 1,000 solution should be injected only in cases of expulsion of a macerated fœtus, or in endometritis consecutive to the expulsion of the fœtus in premature delivery; 6. This solution may be of service in puerperal endometritis, accompanied by a fœtid vaginal discharge; in these cases irrigation should be followed by an injection of pure water; 7. Irrigation should be performed only by a medical man; 8. Irrigation with corrosive sublimate should seldom be employed in women suffering from extensive wounds of the vulva, in those who have been taking mercurial preparations, in cases of atony of the uterus, in anæmic women, or in patients suffering from disease of the kidneys.—*Brit. Med. Journ.*

SPERMATORRHOEA.—(*Sinety, Journal de Med. de Paris*.)

R Extract of belladonna.. 20 centigrammes.

Powdered belladonna .. 20 "

Confection of roses q. s.

M Divide into ten pills.

In nocturnal spermatorrhœa resulting from spasm of the seminal vesicles, the patient must take, at bedtime, from one to three pills, taking the whole dose at once; or he may take 5 centigrammes of camphor or 10 centigrammes of lupulin, or one drachm of bromide of potash daily. If, on the contrary, there be atony of the seminal vesicles, injections of cold water and cold douches of 10 to 20 seconds duration are indicated. In addition, morning and evening, 10 centigrammes of freshly powdered ergot, and 2 centigrammes powdered nux vomica are administered. Friction over the lumbar region and internal surface of the thighs with spirits of camphor is beneficial.

ILL EFFECTS PRODUCED BY NITROUS OXIDE GAS.—Laffont says he has seen abortion, chlorosis, epileptic attacks, albuminuria, and dropsy follow the use of nitrous oxide as an anæsthetic. He has seen, too, an existing diabetes rendered worse, and glycosuria set up in those otherwise healthy. Two hours after the inhalation of the gas the author found 1.65 grams of sugar per litre in the urine, and six hours after 18.40 grams—the sugar did not disappear

for four days. In dogs, too, sugar was found in the urine after they had been narcotised by nitrous oxide gas.—*Fortschritte der Medecin.—Medical Chronicle.*



A UTERINE TENT FORCEPS.—When Dr. Wilcox was House Surgeon of the Woman's Hospital he had been accustomed to use the Emmet curette forceps for the insertion of tents into the uterus; its faults were, the jaws were too long and too smooth, and the scissor-handles were awkward to manage. In the instrument presented these faults have been remedied, and they are so curved that a full view of the tent and cervix may be obtained. The handle is modeled after those now in use on the Collier needle holders, and the instrument can be readily taken apart to insure cleanliness. The forceps can be obtained of Hazard, Hazard & Co., of Fifth Avenue and Twenty-Fourth Street, New York.

INFLUENCE OF ALCOHOL ON DIGESTION.—Glauzinski (*Deut. Arch. f. klin. Med.*) has investigated the influence of alcohol on the stomach functions by giving to invalids and healthy persons, a certain quantity of coagulated egg albumen, with and without alcohol, and, after certain intervals, aspirating the stomach and examining the contents. Alcohol, he finds, rapidly disappears from the stomach, probably passing into the circulation unchanged. In health, digestion, as influenced by alcohol, shows two distinct stages. The first is characterized by slow digestion of albuminates, and lasts as long as there is alcohol in the stomach. Pepsin digestion is manifestly interfered with. But this stage is short, for 100 cc. of a 25 per cent. alcoholic liquid disappears from the stomach in fifteen minutes. The second stage sets in when the alcohol has been absorbed, and is characterized by an increased activity of the digestive process, which becomes

so rapid as to compensate for the primary retardation. The increase in the secretion of hydrochloric acid continues even after the albumen has disappeared from the stomach. Small quantities of alcohol have, therefore, a favorable influence on stomach digestion in health. But in disordered conditions of the stomach the second stage does not occur, hence alcohol cannot be relied on to promote the digestion of food, when the stomach is not performing its functions in a proper manner.—*Medical Chronicle*.

PYRIDIN IN DYSPNŒA.—KOVACZ has been experimenting in Nothnagel's clinic on the use of pyridin in dyspnœa (*Wien. med. Blat.* No. 13, 1886.) Patients inhaled 5 to 20 drops in about an ounce and a half of water. He finds that it diminishes dyspnœa, though its effects are not constant. It acts best in nervous asthma, and is least efficacious in the asthma of cardiac disease. With care there is no danger in its employment. In one case vertigo, vomiting, and diarrhœa followed its use.—*Cent. f. klin. Med.*—*Medical Chronicle*.

BILLROTH AND THE FRENCH.—Considerable comment has been made here on a phrase in a letter that Billroth, of Vienna, has written in one of the newspapers there. Speaking of Pasteur's work, he said, "Well, we don't blame the French for applauding so much Pasteur's discovery, for not only have they not made any great progress in science these last twenty years, but they are following with difficulty and halting steps the colossal progress of German and English science." To put it mildly, this way of talking by the great Vienna surgeon has caused a great deal of irritation in Paris, and Herr Billroth is cruelly reminded that he and others are much indebted for their education to such men as the illustrious dead French surgeons were, not to mention the ones now living. They also ask him what sort of men in neuropathology Germany can present in the last twenty years to compare with Duchenne (of Boulogne), Vulpian, Charcot, etc., or in physiology with Magendie, Flourens, Longet, Bernard, P. Bert, Brown-Séquard, etc. But, as that great

lady, Mrs. Partington, once said, "comparisons are odorous," and, if the newspaper account can be relied upon, we can only wonder that a man of Billroth's stamp could be guilty of making them.—*Paris Letter to Med. Times*.

THE SENSATIONS OF THE DYING.—It is doubtless the case that in many instances—and perhaps they are the majority—dying persons lapse gradually into an unconsciousness that ends their bodily pain and saves them from the anguish of the final parting with those they leave behind. It is not uncommon, however, for clearness of comprehension to persist to the last, and perhaps it is still more common for some of the special senses to preserve their activity. The following touching account of the late Dr. Wilson Fox's last moments, when his friend Dr. J. Russell Reynolds was at his bedside, is given in the *Lancet's* obituary: "On the next morning, when obviously and consciously dying, and after his eyes had been fixed for a few minutes on the angle of the room, and as some gray streaks of dawn were entering it, he said suddenly: 'There is a great light—a great glare of light. . . . I feel so strange . . . a glare of light. What is it Reynolds? The reply was—'It is the peace of God.' He grasped his friend's hand firmly and said 'God bless you.'—*Exchange*."

CHRONIC CONSTIPATION.—The rational treatment of chronic constipation consists, according to Dr. J. K. Spender, in avoiding powerful purgatives, administering aloes and iron, and an occasional saline, with a liquid diet and exercise.—*The Practitioner*.

Therapeutical Notes.

WHOOPIING-COUGH.—Dr. Gay reports two cases of pertussis in which a cure rapidly followed cauterization of sublingual ulceration which was present. He uses nitrate of silver, using as a mouth wash 30 drops of hydrochloric acid in 30 grammes of honey. One case was well in five days, the nitrate having been used on the first, second, and third day; the other case had four applications of the caustic. This case had severe epistaxis and vomiting, which ceased on the sixth day.—*Gazette des Hôpitaux*.

ANTI-RHEUMATIC LINIMENT—(Grinevitzky).

R Oil of hyoscyamus 4 grammes.
 Mercurial ointment 8 "
 Extract of aconite 4 "

M. Apply morning and evening. The patient at the same time takes daily 8 grammes (2 drachms) of nitrate of potash.—*L'Union Medicale*.

NIGHT TERRORS IN CHILDREN.—

R Bromide of potash 2 grammes.
 Tinct. hyoscyamus, 6 to 10 "
 Syrup of orpave flowers. 30 "
 Distilled lettuce water.. 60 "

M. A dessert-spoonful every hour in the evening, for a child 2 to 4 years old.—*Journal de Med. de Paris*.

TONSILLITIS.—Let the patient wet his forefinger and dip it into powdered bicarbonate of soda. The surface of the tonsil should be rubbed with the end of this finger every five minutes during half an hour, afterwards every hour during the same day. Three applications a day are then sufficient. The author since adopting this treatment has not had to lance a single inflamed tonsil.—*Lyon Medical*.

TREATMENT OF BURNS.—For burns of the first degree a dressing of cotton batting dipped in acetate of alumina is advised; for burns of the second or third degree, iodoform is preferred over all other topical applications. The iodoform is best used as a paste:—

R White earth 30 grammes.
 Linseed or olive oil 30 "
 Subacetate of lead 02 "
 Iodoform 8 to 16 "

Mix first the earth and the oil. Apply the paste with a spatula and cover with gutta percha tissue and absorbent cotton, retaining with a muslin bandage.—*Journal de Med. de Paris*.

SALICYLATE OF SODA IN ORCHITIS—(Dr. Pigornet).—In gonorrhœal orchitis salicylate of soda causes in a few hours at first diminution, and finally complete cessation of pain. Its action is especially constant in acute cases of epididymitis with vaginalite. When inflamma-

tion of the cord predominates the medication is often without effect. In cases thus treated revolution of the swelling begins sooner than in cases treated antiphlogistically. It follows a regular course, and it may be completed in less than eight to ten days, leaving only slight induration of the epididymis.—*Bulletin General de Therap.*

ANTI-BLENNORRHAGIC INJECTION—(E. Barre).

R Acid, tannic 1½ grammes.
 Liquor plumbi subacet. 3 "
 Tinct. catechu 6 "
 Sydenham's laudanum 1½ "
 Rose water 50 "
 Distilled water 150 "

M. Inject morning and evening, retaining it during three minutes. The glans should not be squeezed to see if the running has ceased. Abstain from beer and asparagus. Avoid sleeping on the back. Abstain from coitus for a month after cure.—*L'Union Medicale*.

GLYCEROLE FOR VULVAR PRURITUS—(P. Ménière d'Angers).—

Oxide of zinc 6 grammes.
 Bromide of potash 10 "
 Extract of Indian hemp.. 2 "
 Glycerole of starch 30 "

M. The application of this glycerole should be preceded by very hot lotions of flaxseed. When the pruritus is accompanied by acne the author prescribes morning and evening soft black soap applied for half an hour, then lotions of black tea applied as hot as possible.—*L'Union Medicale*.

KELOID.—M. Brocq reported to the Société Médico-pratique, of Paris, four cases of keloid successfully treated by electrolysis. He employs a Chardin pile (bichloride of mercury) of 24 elements. As a negative pole a metallic cylinder covered with chamois, and moistened with salt solution, is held in the patient's hand, the positive pole consists of a long platinum needle, which is passed through the tumor. The current is then established until the needle of the galvanometer marks 5 milliamperes, and in 15 to 30 seconds a whitish zone forms

round the needle. This is withdrawn, and placed one centimetre further, and so on, until the whole surface of the tumor becomes white. The operation is painful, but no inflammation is caused; M. Brocq repeats it every 8 to 15 days.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited in order to make this journal, as heretofore, the exponent of the views of Practitioners throughout the Dominion.

We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations. This is not an exclusive organ.

TORONTO, AUGUST, 1887.

MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

No more important step has been taken in the interests of higher education in this Province since the formation of the Ontario Medical Council, than the establishment of a Teaching Faculty in Medicine in connection with the University of Toronto. The members of the University Senate, who were empowered by the late University Act to create such a Faculty, have been exceedingly judicious in their methods of bringing about this happy consummation, and have received the cordial sympathy and support of all the graduates and friends of the University, as well as the best wishes of the great majority of the profession and general public throughout the country.

We have before referred to their generosity in recognizing the vested rights of the two schools previously existing in Toronto, and their offer to accept the services of those who had been engaged in teaching in these colleges. We regret that the Trinity Medical School, for the reasons made known to the public, positively refused to co-operate. The Toronto School Corporation, on the other hand, agreed to suspend their charter, and give all the assistance

possible in the accomplishment of the worthy act which the Senate had in view. As a consequence, a Medical College has been established which will, undoubtedly, prove a credit to the University and the Province, and will do much towards elevating the standard of medical education.

The teaching staff of the Medical Faculty is composed of twenty-nine members, and it has been remarked, in a jocular way, that there is a good deal of it. Again, it has been stated that it has a long tail. This is said, however, to be a misconception, as we are credibly informed that it is all head.

An objection has been raised that there is too much Toronto School of Medicine in the new staff. Well, perhaps there is, but if so, time will soon provide a remedy for such deficiency, or redundancy, or whatever you may choose to call it. In carrying out such a scheme it can scarcely be expected that the details will please all parties. The general plan of the scheme is good, and the responsibility of making it perfect, in a Medical and University point of view, will rest with the Senate, and we think they are likely to prove equal to the occasion.

The existence of the other Medical Schools in the Province will not be imperilled by this new departure. They are doing good work, and we hope to witness their continued success. There is room for all in this prosperous Ontario. We hope to see the same feeling of generous rivalry continue in the future as has existed in the past, and with it, a strong desire and effort on the part of all, to assist our Provincial Medical Council in maintaining a high standard of medical education in our country.

THE NEWEST MEDICAL SCHOOL

The medical atmosphere is clouded with rumours of all descriptions, and it is difficult to pick up a few grains of wheat from the chaff. However, we are told that ample funds have been guaranteed to fully equip a medical school, and that the professoriate will be selected largely, but not exclusively, from Toronto. A meeting to organize was held at the Queen's Hotel, but those who were present are very reticent.

THE DOMINION MEDICAL ASSOCIATION.

The annual meeting of this Association, which takes place in Hamilton on the 31st of August and the 1st of September, promises to be one of very great interest. The following are the officers of the Association for the present year:—President, T. K. Holmes, M.D., Chatham; President-Elect, J. E. Graham, M.D., Toronto; General Secretary, James Stewart, M.D., Montreal; Treasurer, Charles Sheard, M.D., Toronto. The change made last year whereby discussions on subjects of interest in the various departments of medicine are substituted for the reports of committees will, no doubt, add to the usefulness of the meeting. The following gentlemen will lead the discussion in the various departments:

Dr. Grasett, Toronto, Surgery—Subject: "Obstructed Urinary Outflow."

Dr. McPhedran, Toronto, Medicine—Subject: "Empyema."

Dr. Eccles, London, Gynaecology—Subject: "Subinvolution of the Uterus."

Dr. James Stewart, Montreal, Therapeutics—Subject: "The Present State of Cardiac Therapeutics."

Dr. Cassidy, of Toronto, the Chairman of the Committee on Hygiene, will read the report of that Committee.

The profession of Hamilton have always been noted for their generous hospitality, and no doubt visitors to that enterprising city will be made to feel at home.

The following papers are promised:—

1. Dr. Wm. Osler, (Philadelphia) "The Cardiac Relations of Chorea."

2. Dr. T. Wesley Mills, Montreal, "A Physiological Basis for an Improved Cardiac Pathology."

3. Dr. Archd. Malloch, Hamilton, "Report on Twenty Cases of Tracheotomy in Diphtheritic Croup."

4. Dr. Wm. Gardner, Montreal, "A Year's Work in Abdominal Surgery."

5. Dr. Ryerson, Toronto, "Thalamic Epilepsy."

6. Dr. Buller, Montreal, "Headaches in Connection with Certain Ocular Defects."

7. Dr. Stirling, Montreal, "A Few Points in the Etiology and Treatment of Strabismus."

8. Dr. R. L. MacDonnell, Montreal:

1. "Loss of Knee Jerk in Diphtheria."

2. "Aortic Aneurism." (a) Hitherto unobserved symptom. (b) The results of the treatment by iodide of potassium.

9. Dr. W. H. B. Aikins, Toronto, "Detection of Typhoid Bacilli in Drinking Water."

10. Dr. Sweetnam, Toronto, "Stricture of the Rectum,—A new form of treatment."

ISOLATION AND PLACARDING.

The Public Health Act endows Boards of Health and their medical officers with power to isolate and placard houses for infectious diseases; we note with great satisfaction the spread of this authority in many urban districts, and also note the want of it in our own metropolitan city. If the capital of a country will not set an example, it is hard for smaller municipalities to carry out or follow in any improvements. We cannot help expressing our opinion that the profession in Toronto are too lax in reporting cases of infectious diseases under the Health Act, and that some physicians are perhaps a little too sensitive about the feelings of their patients regarding placarding of houses. Our remarks are called forth, from noticing some recent doings in the City Council on the question of a small-pox hospital. A more impracticable site than that proposed, the neck of land south of Ashbridge Bay, cannot well be conceived, and we trust our able medical health officer will point this out to the Board of Health.

Isolation with proper safeguards can stamp out any disease. If we trust to the efficient enforcement of the Vaccination Act, and receive the support of the medical profession in reporting, isolating and placarding infectious diseases, there is no reason why the present hospital should not answer. There is, in our opinion, no better site for a hospital which requires complete isolation, whilst presenting easy access. The promoters of any scheme to locate a hospital on a thoroughly isolated spit of land, must bear in mind that the object of the hospital is to cure and not to kill. A patient being driven to the proposed site, at any time of the year except during the summer

months, would have a rough journey to make, which might in many cases affect his chances of recovery.

Prevent the cause and spread of disease, and such places as our present small-pox hospital will stand empty, and be the proudest monuments of our intelligence and enlightenment as citizens of the foremost city in the Dominion.

THE COUNCIL EXAMINERS.

One of the rules recognized by the Ontario Medical Council in the appointment of examiners is, that no one shall be selected for the subject he teaches. We have frequently referred to the absurdity of such a regulation which is well shown in the recent appointment of an examiner in chemistry. After the death of Dr. Barrett, which occurred a short time before the last examination, Dr. Reeve was asked to fill his place, and consented with reluctance. In accordance with certain unwritten rules a Toronto School man was wanted, but such man must have nothing to do with the teaching of chemistry. Now it may be that Dr. Reeve's earnest and faithful work in connection with the eye and ear for the past twenty-two years may make him eminently qualified to examine in chemistry, but for ordinary mortals it is hard to see the connection. The wise Council appointed Dr. Reeve for a second term, but he declined with thanks. Being thus deserted by their otological and ophthalmological chemist, they chose Dr. Graham. It is well known that Dr. Graham, in practice and teaching, has devoted his attention especially to practice of medicine and diseases of the skin. Possibly in working at his specialties he may have become a brilliant chemist, and, as a consequence, the proper man to examine in this subject, but we have never heard anything to that effect. He, however, has declined to accept, and the Council, having thus lost their dermatological chemist are thinking of trying an anatomical one. How a man working in a dissecting room is likely to become thoroughly based in chemistry is another of these mysteries only understood by the Solons of the Council.

In our opinion, if he must be a Toronto

School man, the lecturer on chemistry should be quite as competent as others to examine in this subject; but if knowledge of chemistry is not considered desirable we think we can name the member of the Toronto staff who possesses the most dense ignorance on the subject. Although this gentleman is not ambitious for such dizzy heights of honor as examining in chemistry, still if the Council considered his services indispensable they might possibly induce him to act.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

Since our last issue very fair progress has been made in the preliminary work necessary to the formation of a large library. The Committee appointed by the Toronto Medical Society, and afterwards enlarged by the addition of several members of the Ontario Medical Association, has been actively at work in the prosecution of this scheme. After much deliberation, it was finally decided to form a joint stock company in much the same manner as described in our last number. The shares are placed at five dollars each, payable in five annual instalments.

A temporary Board of Management was formed as follows: Dr. J. E. Graham, Toronto, Chairman; Dr. Arnott, London; Dr. Burns, Toronto; Dr. Henderson, Kingston; Dr. Wishart, Secretary; Dr. McPhedran, Treasurer; Dr. Powell, Curator. Council—Drs. O'Reilly, Pyne, and Nevitt.

The first annual meeting of the Association will take place next June, when a permanent Board of Management will be appointed.

The members of the Committee have been cheered in their work not only by the liberal manner in which money has been subscribed, but also by the many promises made of large donations in books. We have every reason to believe that the library will be a great success—already about \$2,500 has been subscribed. A full list of the shareholders will be published at another time.

Prof. Wm. James suggests counter-irritation over the mastoid processes to prevent sea-sickness.

THE PROVINCIAL BOARD OF HEALTH.

In our last issue we announced certain changes in the *personnel* of the Board: Dr. Oldright and Prof. Galbraith, of Toronto, have been replaced by Dr. Macdonald, of Hamilton, and Dr. McKay, of Woodstock. We think it unfortunate, in the interests of the country, to lose the services of such an able and indefatigable enthusiast in sanitary science as Dr. Oldright. It is generally acknowledged that the Board has done excellent work, and the public in the Province have received great benefit from their labors. Much credit is due the founders of this organization, and if there is one above all others who deserves special mention, it is Dr. Oldright, who gave so much of his time in making the organization a perfect success.

We regret exceedingly that he will leave the Board, and scarcely think the time has arrived when he can be spared. Perhaps the Government had good reasons for removing him; if so, they have kept them carefully concealed. We had thought that Professor Galbraith was almost a necessity to the Board on account of his ability as a scientific sanitary engineer, and if any good reason exists for his removal we never heard it. We can assure both these gentlemen that their loss will be felt keenly by the profession generally, who will always have a kindly appreciation for the good work they have done in sanitary matters. Fortunately their successors have the confidence of the profession and the public, and we wish them every success.

INTERNATIONAL MEDICAL CONGRESS.

As a number of physicians from Toronto purpose attending the Medical Congress, arrangements are being perfected whereby a through Pullman car will be placed at their disposal. The rate will be lower than the usual rebate of one third for round trip. Any number up to forty can be accommodated (ladies included). Dr. J. E. White, Carlton Street, has the matter in hand. Those desiring to avail themselves may address him.

One of a party of Canadian students, who were being shown through a well-known New York hospital, writes:

. . . "In order that we might not depart without being impressed with a due sense of awe, the house-surgeon, on entering another ward, asked the nurse in charge what was the matter with a couple of the patients. She *immediately* replied: 'This patient is suffering from peripheral neuritis' (pronounced 'ëtis), 'and this one from post-hemiplegic mobile spasm.' The first one of our party who 'came to' asked to be shown into the open air, and, after some reassuring words, and a little gentle stimulation, we were able to proceed."

Fränkel is convinced from certain experiments that the typhoidal virus infects the system through the alimentary canal; but that there must exist a certain predisposing condition of the stomach—a condition best secured in animals by starving until the intestines are empty.

Sommerbrodt gives the result of his treatment with kreasote of about five thousand cases of tuberculosis of the lungs and larynx, continued over a period of nine years. He gave the drug in gelatine capsules, and believes cases have been cured.

A DISCLAIMER.—"Practitioner," who has been telling what he knows about Medical Schools and boarding-house hash in the Toronto papers, is not the "CANADIAN PRACTITIONER."

Through an error in the report of the Ontario Medical Association meeting, mention was not made of an excellent paper by Dr. Brown, of Galt, on "Injuries to the Elbow Joint."

Resection of the pylorus has been performed by Billroth fifteen times for carcinoma, with success in seven cases.

Salol, introduced by Neucki, of Berne, is stated to be poisonous, as it contains 38 per cent. of phenol (Kobert).

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, June 2nd, '87.

The First Vice-President, Dr. Machell, in the chair. The following pathological specimens were shown :

CYSTITIS—ADHERENT PERICARDIUM.

Dr. W. H. B. Aikins presented the bladder, ureters, kidneys, uterus, and heart, removed at an autopsy in the General Hospital. The walls of the bladder were greatly thickened and there was evidence of an old cystitis. The ureters also were hypertrophied, and the kidneys, which showed cortical substance contracted, contained in their dilated pelves a quantity of pus mixed with urine. The uterus from the same case had a lateral flexion. The pericardium was so firmly attached to the heart throughout as to be separated with difficulty, and would closely correspond with what the ancients described as congenital absence of the pericardium.

Dr. A. H. Wright had seen this patient *intra vitam* as an extern patient at the General Hospital. She was said to have an abdominal tumor, but this proved to be a distended bladder; 30 or 40 ounces of rather turbid urine were drawn off. Some days later he was called to see her at her own home. She was then suffering from incontinence, but there was no distention of the bladder; had rather serious symptoms which he thought might be uræmic; advised her to go into Hospital; did not see her again; was surprised at appearance of bladder presented; it looked like a bladder slightly contracted with thickened walls; would not suppose it could hold so much as 30 or 40 oz.

SYCOSIS PARASITICA.

Dr. Cruickshank, Ellesmere, presented a patient suffering from sycosis parasitica. The affection commenced about a month ago. A flattened tumor, 2 by 3 inches in extent, and presenting a dark red areola, developed in the superior carotid region. It was pulsatile, but had not the expanding pulsation of aneurism. In several spots on the tumor were nodules topped by a discharging postule. Similar spots

were also present on other parts of the neck and on the face and hands. Iodine seemed to aggravate the condition, but poulticing, followed by a dressing of corrosive sublimate—gr. ij ad ʒi—was found beneficial. The mycelium and spores of tinea were found under the microscope. Some cattle in the neighborhood had ringworm at the time, and it was supposed these were the source of contagion.

Dr. Ferguson had found crysophanic acid useful in similar cases, and had also used the sublimate in collodion—gr. x. ad ʒi., as advised by Taylor.

Dr. W. H. B. Aikins, speaking of the rarity of infections from cattle, quoted Neumann as having reported but seven cases in which the disease was derived from the lower animals.

OVARIES AND TUBES.

Dr. Cameron presented the ovaries and tubes from three cases. 1st. A woman, aged 24, complained of severe pelvic pain for two years and was incapacitated for work. She had suffered three attacks of peritonitis, and there was great and constant pain over the lower part of the abdomen. Tait's operation was performed. Small cysts were found in both broad ligaments; the ovaries were enlarged, inflamed, and adherent to the surrounding structures—especially the right.

2nd. Patient aged 19 years. She had dysmenorrhœa with acute pelvic pain at and between the catamenial periods. She was bedridden, with repeated attacks of pelvic cellulitis. Dr. Ogden advised forcible dilatation of the cervix, with the hope of allaying the constant vomiting from which the patient suffered. This was done, but without benefit. The operation was then performed, and patient has since entirely recovered from all these distressing symptoms.

3rd. Ovaries and tubes from a case operated on by Dr. Bryce. The woman was aged 40, married; had six children; she suffered from profuse hemorrhages, pains in the pelvis, and reflex symptoms; both ovaries were prolapsed into Douglas' pouch and very tender; a uterine displacement was relieved for a time by a pessary, but the symptoms returned. The patient recovered from the effects of the operation without any bad symptoms, and is now practically well.

Dr. A. H. Wright is opposed to forcible dilation, although it has been found useful in the hands of Goodell. It certainly never should be employed when there is any cellulitis. He is opposed to the removal of the uterine appendages of a young woman, otherwise healthy, unless every known palliative measure has been found useless. Sir Spencer Wells will never give his consent to an operation unless the alternative is death or loss of reason.

FUSIFORM ANEURISM.

Dr. Atherton exhibited a specimen of fusiform aneurism of the popliteal artery with consecutive thrombosis of the vessel above and below, resulting in senile gangrene. This case will be reported at length in the next issue.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.

ANNUAL MEETING—ELECTION OF OFFICERS.

The annual meeting of the above Association was held at Carleton Place, July 13th, and was certainly the most successful meeting and the largest that has taken place for some years in this Division.

There were present: Dr. Cranston, president, Arnprior; Drs. W. R. Bell, A. J. Horsey, H. P. Wright, A. F. Rogers, C. J. H. Chifman, R. W. Powell, H. B. Small, and J. A. Grant, jun., of Ottawa; Drs. Preston, Allan, McEwen, and Robertson, of Carleton Place; Drs. Reeves, Lynch, Burns, McFarlane, of Almonte; D. O'Brien, of Renfrew; Baird, of Pakenham; and Groves, of Carp.

The secretary, Dr. H. B. Small, read the minutes of last meeting.

The treasurer, Dr. H. Hill, not being able to attend, sent his annual report to the secretary, which was read, and showed the Association to be in a sound financial state, their being no liabilities outstanding, and about \$13 in negotiable securities in the hands of the venerable treasurer. The treasurer's budget did not require an assessment this year, as it was not anticipated that the current year's expenses would consume the funded capital, and a surplus was even expected in July, 1888, if the crops turned out well in this section.

Dr. Powell, in moving the adoption of the treasurer's report, suggested that under the circumstances it would be unwise to accept the treasurer's resignation, as it was unwise to change the man at the wheel when the ship was well steered, and that at present our financial condition was strained and would not bear trifling with.

Dr. Rogers moved, seconded by Dr. W. R. Bell, that a vote of thanks be tendered Dr. Hill for his past services for fourteen years.

The president, Dr. Cranston, then addressed the meeting, giving an account of what had been done at the Council since our last meeting. He referred to the special meeting in Toronto in January last, to consider the students' grievances and showed what concessions were granted. He then touched on the various amendments proposed to the Medical Act and the action of the Legislature in the premises; also with reference to the proposed new building he gave a *resume* of what the intentions of the Council are in this respect. He then spoke of the financial condition of the Council—its action as regards the appointment of a Provincial public prosecutor, whose duty it is to slaughter the unlicensed, put down quackery, and pocket the shekels. He concluded by referring to the appointment of Dr. H. P. Wright, of Ottawa, on the examining board this year.

The election of officers was then proceeded with, and resulted as follows:

1st Vice-President—Dr. R. W. Powell, Ottawa; 2nd Vice-President—Dr. D. Lynch, Almonte; Treasurer—Dr. H. Hill, Ottawa; Secretary—Dr. H. B. Small, Ottawa. Council—Drs. Preston and McEwen, of Carleton Place; Reeves and Burns, of Almonte; Baird, Pakenham, Groves, of Carp; and Robillard, Prevost and Grant, jun., of Ottawa.

The secretary was instructed to send a telegram to Dr. Hill, at his seaside resort, acquainting him of his unanimous re-election.

The action of Dr. E. J. Watts, of Franktown, in issuing a card, was then taken up. The card was read, and was intended as a public advertisement, calling attention to the benefits that would be derived by anyone seeking his services, which might be had by

paying for them at ordinary commercial rates. It stated that he was as good as the next man, if not better, and closed by the usual peroration—no cure, no pay, etc., etc

After very full discussion, during which the masks were removed and gloves thrown aside,

Dr. Rogers moved, seconded by Dr. H. P. Wright, that the conduct of Dr. Watts is very unprofessional, and that the secretary be instructed to write to him and say that if he did not cease such conduct within two months the secretary would refer his case to the Medical Council, to be dealt with by them.

Further discussion ensued and explanations were heard, principally as regards his tender years and his lonely life in Franktown, when

Dr. Powell moved in amendment, seconded by Dr. Grant, jun., that, considering the fact that he is a young man, and that this is presumably his initial offence, the secretary be instructed to write to him, mentioning that our territorial division is acting under the American Code of Ethics, as adopted, and that his attention is respectfully directed to paragraph 4, art. I, of section 2 of the said code, the Association expecting that he will then govern himself accordingly. The original motion carried.

Dr. Rogers submitted a new tariff of fees for the city of Ottawa, approved by the profession of that city at a meeting called for the purpose, and moved its adoption, as required by law. Seconded by Dr. H. P. Wright. Carried.

Dr. Powell made a few remarks anent the Ontario Medical Association, and moved that the secretary take the necessary steps to affiliate this Association with the Ontario Medical Association. Carried.

Dr. J. A. Grant, jun., then read a carefully prepared paper, illustrated by photographs, of a case of fibrous ankylosis of the knee joint which he had treated by division of the hamstring tendons subcutaneously. It was a case of 35 years' standing, having originated shortly after birth. It proved a great success, the man being now able to walk quite well on the flat of his foot without a stick, but he uses the latter adjunct when going to and from his work, two miles each way daily. He has power also to flex and extend the knee-joint.

The doctor was warmly congratulated on his success in the treatment of this case, and so was the man.

Dr. Powell then read a report of a case of fracture of the neck of the scapula in a young child, from indirect violence caused by the mother roughly seizing the child by the arm, and dragging it sharply towards her to save it from being run over. The points in the diagnosis were carefully gone over and weighed by Dr. Powell and the differential diagnosis between it and injuries liable to be mistaken for it carefully argued out.

Dr. McFarlane, seconded by Dr. McEwen, moved a vote of thanks to Dr. Powell for his practical paper. Carried.

Dr. Horsey remarked on the rarity of such a case and thought the evidence failed altogether to prove that it was by indirect violence, and that the fall on the ground prior to the mother snatching it up might have caused the accident.

Dr. Powell replied to Dr. Horsey, defending his own position and pointing out that if it was by direct violence there would certainly have been local bruising.

Dr. Powell then related, *viva voce*, another case of fracture of neck of scapula in an adult caused by direct violence. It was the case of an Indian who received a fearful blow on the shoulder with a lacrosse, completely breaking the shoulder down, including this time the acromion as well as the glenoid process.

Dr. Groves, of Carp, related, *viva voce*, a case of morbus coxæ which had been under his care since Christmas. A fuller report was promised, but the case gave rise to a very good discussion on the treatment of this affection in its various stages.

The case not being there for inspection correct weight cannot be given to the various opinions expressed, though the discussion was spirited and carried on by Drs. Rogers, Bell, Grant, jun., McFarlane, Wright, and Powell.

Dr. Chifman read a short paper on enteric fever, pointing out the varieties—of type, the significance and importance of several symptoms, and related details of several cases now under treatment in the hospital at Ottawa under his supervision.

Dr. Burns related a curious coincidence. A

twin sister, aged 42 years, was confined for the first time; labor severe and instrumental. Nursed by her twin sister, the mother of eight children, she did well for about five days, when she became insane; improved rather under treatment, and then the nurse sister became insane. In two weeks patient died insane, only to be followed by her sister a week later.

Several curios were now reported, but none downed Dr. Burns' experience, and he was congratulated by one of the members in coming out of such a scrape *compos mentis* himself.

Dr. Small then read a short article on the classification and nomenclature of mineral springs.

The president stated that he would issue credentials to any of the members who proposed visiting Washington in September.

A motion of condolence was passed concerning the late Dr. Wilson, an octogenarian in the profession in Carleton Place, recently deceased, and the secretary was instructed to forward a copy to his relatives.

The meeting then adjourned to meet in Ottawa in January next. The National Anthem closed a pleasant meeting and an instructive afternoon.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, MARCH 11TH, 1887.

Dr. Wilkins, 1st Vice-President, in the chair.

Dr. Geo. H. Fox, of New York, Dr. Phelps, of Chateauguay, and Dr. Jackson, of Brockville, were present at the meeting.

Common Errors in the Treatment of Skin Diseases.—Dr. Fox read a paper on the common errors in the treatment of skin diseases. He said that the great error made by practitioners in treating skin diseases was failure to treat the patient; the disease is treated, not the patient. It is most important that the patient have fresh air, wholesome food—in short, everything that tends to improve the general health. Special treatment of the disease is of no avail without improving the condition of the patient. He regarded attention to the diet as most important, and said there should be a radical change

both in the quantity and quality of the food; a strict course of diet should be given the patient; the majority of patients improve on starvation diet. He advised his patients to increase the quantity of fluids taken and decrease the solids; to eat less and exercise more. A change of diet almost invariably proves of value, the more radical the better; he gets the best therapeutical effects from a vegetable diet in the treatment of inflammatory skin affections. A meat diet congests the skin; a vegetable diet relieves the congestion. He is in the habit of restricting the meat in winter and forbidding it in summer. In giving directions to a patient it is better to tell them what to eat than what to avoid. Water should be taken sparingly at meals, but in quantity between meals. In speaking of local applications, he said that very few are needed. If the disease be acute, soothing applications should be given; if chronic, stimulating ones. Infantile eczema is, as a rule, too much stimulated, and chronic eczema with infiltration too little stimulated. In treating psoriasis, chrysophanic acid is the best remedy, but even this remedy should not be used in every case, as it does positive injury where there are congestion and inflammation, but later, when the eruption becomes dry, it does good. In acne a tonic treatment is best. In speaking of local applications, the reader of the paper stated that when the substance is needed to be absorbed by the skin, then the animal fats should be used; when mere protection is wanted, then vegetable fats do very well. Vaseline has but little power of penetrating the skin. He then went on to speak of arsenic, which, he said, is used too much by the general practitioner in the treatment of skin diseases, and which, as regards skin diseases, would not be missed if abolished from the pharmacopœia; he now rarely uses it. It is at best a much over-rated remedy, and its indiscriminate use in skin diseases is fraught with evil.

Discussion.—Dr. Shepherd said he was not prepared to go the length Dr. Fox did, in attributing such a vast influence to diet in the treatment of skin diseases. No doubt it is often of importance, but he thought that Dr. Fox, like many other, was riding his special hobby too hard. Did not think that individuals among

the poorer classes with eczematous diathesis or when the disease was due to their occupation could be cured by dieting. No doubt people eat too much, and this is especially true in the higher ranks of society. In such patients diet is of the utmost importance. In this country people eat too much meat, and he is in the habit of limiting it to one meal a day. In regard to local applications, he was thoroughly in accord with Dr. Fox. Most physicians in inflammatory diseases stimulate too much. It is a common thing for physicians to prescribe zinc ointment in every case, and give no directions about the use of soap and water. He found many skins in the acute stage of eczema unable to bear ointments at all, and to be much relieved by mild lead lotions. He also agreed partially with Dr. Fox concerning the misuse of arsenic; it, like zinc ointment, is prescribed in routine practice by many practitioners. Though of little value in eczema, he thought he had given it with good effect in psoriasis and bullous eruptions. He had no hesitation, however, in stating that it was a most valuable tonic, and he would be sorry to do without it.

Dr. Howard said that the paper presented but few novelties in the present state of the science of medicine. Skin diseases are but local manifestations of a general condition, and it is but natural that the most successful treatment would be an alterative one, aimed at the cause of the unhealthy condition of the skin. He was not prepared, however, to hear that so much attention is given to diet, but it seems only rational. Chronic diseases generally require dietetic treatment, so one should not be surprised to find it efficient in chronic forms of skin diseases. Formerly arsenic was given for all forms of skin disease. He agreed with the last speaker in thinking that arsenic was valuable as a tonic, and he had obtained good results from its use in psoriasis and bullous affections.

Dr. Hingston said that for the last ten or fifteen years he had practically abandoned local treatment in skin affections, and used only constitutional, and had always regarded a carefully regulated diet of the first importance. He could not agree with Dr. Fox in what he said about a meat diet. The French-Canadians are great meat eaters, yet they were remarkably free

from skin affections. Some, however, visit the United States, work in factories, and live in boarding-houses where the diet is largely composed of hot biscuit, doughnuts, pies and pastry, and live in small rooms; then come back with skin diseases which cannot be due to a meat diet. The speaker attributed most of the skin affections he had met with to want of fresh air and use of highly spiced and other forms of irritating food, while not a few cases could be traced to the excessive use of green tea. Bread and meat he considered a good diet in skin diseases; he also believed in taking large quantities of water between meals.

Dr. Phelps said that as a general practitioner in the country he could endorse every word Dr. Fox had said. He believed most thoroughly in a complete change of diet in skin affections. He had even found a change from a good diet to an apparently bad one beneficial. He mentioned some severe cases of infantile eczema which were completely cured by changing the diet from fresh cow's milk to condensed milk. Acne in females is very generally caused by uterine disease, and until this is cured the acne cannot be relieved.

Dr. Laphorn Smith said he had long held that all skin diseases not parasitic or specific were due to errors in diet. He had little faith in local treatment, but considered that it is most important to attend to the condition of the stomach. He thought that the good old mixture of rhubarb and soda is too much neglected in the treatment of skin diseases.

Dr. Mills believed Dr. Fox's paper to be of great importance to the medical public. He regarded Dr. Fox as a type of a specialist, who, though a specialist, treats his patients from a broad knowledge of general medicine and dietetics. To this in no small degree he believed Dr. Fox's successful career to be due.

Dr. Wilkins asked if Dr. Fox believed in an exclusive milk diet in eczema; also if in penitentiaries, where the diet was regulated, was there less skin disease. He also asked if in Germany, where little meat is eaten, there is a less amount of skin disease.

Dr. Fox, in reply, stated that he did not so much object to meat as an article of diet as to its excessive use. He had found the most obsti-

nate cases of eczema yield to a complete change of diet that was only temporary. With regard to milk diet in eczema, he formerly believed in it, but found many patients could not take it. He had tried it on himself, and found he was unable to stand it for more than a few days. The excessive amount of skin disease in Germany could be accounted for by the habitual use of cabbage and beer as articles of diet. He found beer very injurious in inflammatory skin affections, much more so, indeed, than whiskey. Rhubarb and soda he regarded of great use, but are prescribed too much in a routine manner in dispensaries and hospitals. One must always treat each particular case, remembering that what is suitable treatment in one case may be positively injurious in another patient with the same disease.

Dr. Howard, in proposing a vote of thanks to Dr. Fox, referred to the great privilege the Society had enjoyed in so being brought in contact with a man of such extensive experience. In Dr. Fox's paper there was nothing new, and in saying this he paid him the highest possible compliment, for the whole tendency of his paper was to illustrate the great scientific truth that in medicine we cannot treat the disease. We must treat the individual, the constitution. He was struck by the effect of change of diet, as shown by the numerous examples quoted by the previous speakers in breaking up the sequence of disease; one speaker even advising the use of peaches as an article of diet.

Dr. Hingston seconded the motion. In the course of a few happy remarks he referred to the effect that the present fishery dispute might have in lessening the supply of a wholesome article of food in the American market.

It was then moved by Dr. Trenholme, seconded by Dr. Laphorn Smith, that Dr. Fox be made an honorary member of the Society. This was carried unanimously.

The London *Lancet* defines "moderate drinking" as that which is indulged in to the extent that the individual has a clean tongue, a good appetite, a slow pulse, a cool skin, a clear head, a steady hand, good walking power, and light, refreshing sleep.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

MEDICAL DEFENCE UNION.

DEAR SIRS,—In the July number of your valuable journal I notice that the Committee appointed to consider the above subject brought in a report remarkable alike for its diction and its import. Moreover, strange as it may seem, this report was adopted by the Ontario Medical Association without a dissenting voice.

That any body of intelligent men, such as the members of the Ontario Medical Association undoubtedly are, could, in cold blood, devote certain of their number to the "duty" of considering "appeals from members of the Association who may consider themselves persecuted by unfounded or malicious accusations," must, I fear, remain as a blot upon the medical record of this fair Jubilee year.

How can these gentlemen be expected to faithfully discharge the "duty" devolving upon them as members of this Committee? What inducement is there? It cannot be a monetary consideration, for no provision for remuneration is made. The fees of expert witnesses are not tempting, and no amount of money can repay a man for the wear, tear, and swear which cases of litigation involve. Honor? Too often even the best men cut but a sorry figure before the examining lawyer, and though we know the peacemakers are "blessed," we have always been led to believe that he who endeavors to conciliate two angry disputants (who may be both equally wrong), is invariably rewarded by the abuse of both, unalloyed with the honor of either. Can it be for "divarshun?" Most of the members of this Committee are staid and dignified elderly gentlemen who abhor publicity, and have always studiously avoided anything approaching wrangling. Not having found a sufficient motive so far, I must conclude that these gentlemen are expected to assume this onerous and exceedingly disagreeable "duty" at great sacrifice of time and money, from motives of pure and disinterested love of the profession generally, and of those who "consider themselves persecuted" in particular.

Now, even from a proverbially obliging and complaisant profession, I submit that this is too much to expect, and I venture to croakingly predict that this Committee will find that they cannot do their "duty," as defined to them, satisfactorily and conscientiously, as a Committee. Doubtless those of the Committee whose tastes lie in the direction of litigation and publicity, will find divers opportunities for displaying their zeal for the professional weal, but that the professional weal will be secured thereby does not so plainly appear.

Now, Mr. Editor, understand I am not finding fault with medical defence. On the other hand, I consider the points so tenaciously held and so ably advocated by Dr. Henderson, are well taken, and I trust that, in the near future, some workable scheme may be elaborated. But the object of this letter is to call attention to the wretchedly incomplete and abortive work done by some of the Committees of the Association, and to the culpable apathy of the members in voting for any and every motion which may come up.

Yours truly,

A MEMBER.

TORONTO, July 20th, 1887.

To the Editors of the CANADIAN PRACTITIONER.

SIR,—Many of your readers will remember a short controversy which took place in your columns a few months ago, with regard to prominent medical men giving every new preparation brought before them a "send off;" comparison was made between Permanganate of Potash, and Little's Soluble Phenyle, the latter preparation being considered the inferior. Now, sir, what are the facts of the case, nothing more than that Permanganate of Potash is Little's Soluble Phenyle largely diluted with water, and a small quantity of permanganate of potash added. This may seem a sweeping statement, but the fact that one of the manufacturers has made this acknowledgment will suffice. We do not wish to stir up old strife, but surely this should teach us all to be more careful in our comparisons, and not state that a germicide—(strength $\frac{1}{100}$) according to the report of a meeting which Dr. Sternberg was chairman, held at Johns Hopkins University in 1885—is inferior to one, the antiseptic properties of which are not known.

JUSTITIA.

Book Notices.

A Unique Case of Bilateral Athetosis. By C. H. HUGHES, M.D., St. Louis.

Eighteenth Annual Report of the State Board of Health of Mass., 1886.

McGill University. Annual Calendar, 55th Session, 1887-1888.

Annual Announcement of Medical Department of the Western University.

Annual Announcement of Detroit Medical College.

Renal Colic, Parasitic and Calculous. By J. B. MARVIN, M.D. Louisville. Reprint.

Annual Announcement of Trinity Medical School, Toronto.

Fifth Annual Announcement of the Medical Department of Niagara University, Buffalo, New York.

The Relation of the Nervous System to Hemophilia, Malaria, Hematuria, etc. By C. H. HUGHES, M.D., St. Louis.

Practical Urine Testing. By C. G. JENNINGS, M.D. Detroit: D. O. Haynes & Co., 1887.

1. *Laryngology and its Cognate Branches in America.*

2. *The Simplest and Most Efficient Treatment of Diphtheria.* Reprint. By W. H. DALY, M.D., Pittsburg, Pa.

Transactions of the Pathological Society of Philadelphia. Vol. 12. Edited by W. E. HUGHES, M.D., Philadelphia. Printed by Wm. J. Dernan.

Transactions of the Michigan State Medical Society. Twenty-second Annual Meeting held in Lansing, May 12th and 13th, 1887. George Duffield, Secretary. Detroit, Mich. D. O. Haynes & Co., 1887.:

What to Do in Cases of Poisoning.—By WM. MURRELL, M.D., F.R.C.P. Edited by Frank Woodbury, M.D. Published by the Medical Register Co., Philadelphia, 1887.

It is quite unnecessary to write a review of this little work. The caption tells exactly what it is—and it is excellent.

Physicians' Office Day-Book, designed by C. HENRI LEONARD, M.D., Detroit. Illustrated. Issued by the Medical Journal Co. to any address. Price \$2.00 post paid.

We have been using one of these day books for some years, and have found it most satisfactory. The plan of book-keeping as designed by Dr. Leonard, is simple, yet complete, and is well worth a trial.

Anæmia.—By F. P. HENRY, M.D., Prof. of Clinical Medicine in the Philadelphia Polyclinic, etc., etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St, 1887. Price 75 cents.

This little treatise is a reprint of a series of articles published in the *Polyclinic* during the past year, and is largely based upon the personal observation of the author. Those who were not privileged to read the articles as they appeared, would do well to secure this book, which is a trustworthy guide, and in keeping with the most modern thought on the subject.

Earth as a Topical Application in Surgery.—

By ADDIWELL HEWSON, M.D. Second Edition, with four photo-relief illustrations. Philadelphia: The Medical Register Co., 1887. Price \$1.

This work is from the pen of a practical surgeon, and for this reason commands respect. He has in a large variety of surgical cases used earth from deep diggings, (well dried and powdered,) as a topical application and reports a uniformly favorable result. We must, however, take exception to the opinion expressed that putrefaction depends solely on temperature. He ignores the fact that suppuration is *always* due to microbial action, and that micro-organisms of definite varieties are never absent in pus formations.

The American Systems of Gynecology and Obstetrics.—In four very handsome royal octavo volumes of about 900 pages each, fully illustrated with engravings and coloured plates. Prices per volume: Cloth, \$6.00; leather, \$7; half russia, \$8. For sale by subscription only.

The following are the contributors to volume I.: Edward W. Jenks, M.D., LL.D., Detroit; Henry J. Garrigues, A.M., M.D., New York; Henry C. Coe, A.M., M.D., New York; Egbert H. Grandin, A.M., M.D., New York; E. C. Dudley, A.B., M.D., Chicago; Alexander J. O. Skene, M.D., Brooklyn; Alphonso D. Rockwell, M.D., New York; W. Gill Wylie, M.D., New York; A. Reeves Jackson, A.M., M.D., Chicago; Matthew D. Mann, A.M., M.D., Buffalo; C. D. Palmer, M.D., Cincinnati; Thaddeus A. Reamy, A.M., M.D., Cincinnati; Richard B. Maury, M.D., Memphis; Ely Van De Warker, M.D., Syracuse, N.Y.

The Cremation of the Dead, considered from an Æsthetic, Sanitary, Religious, -Historical, Medico-Legal, and Economical Standpoint. By HUGO ERICHSEN, M.D., etc., etc. With *An Introductory Note* by Sir F. SPENCER WELLS, Bart., F.R.S. Illustrated. Detroit: D. O. Haynes & Co. 1887.

In seven concise chapters, the author of this work ably advocates cremation, and very fairly puts before his readers the arguments for and against this means of disposal of the dead. Those interested in the subject will find the various points at issue clearly stated, and we have no doubt it will be generally admitted that, as to the *sanitary, medico-legal, and economical* standpoints, Dr. Erichsen makes out a strong case in favor of cremation. The *æsthetic* and *religious* standpoints are the ones to which the public require to be educated, and a book like the one before us will do much to fulfil this requirement. It is printed in clear type, on good paper, and is neatly bound.

Clinical Manual for the Study of Medical Cases. Edited by JAMES FINLAYSON, M.D. Second Edition, revised and enlarged, with one hundred and fifty-eight illustrations. Philadelphia: Lea Brothers & Co. 1886.

Dr. Finlayson, in this second edition of his manual on "Clinical Diagnosis," has spared no pains to make his work a complete and reliable guide to the student of clinical medicine in the all-important department of diagnosis of disease. Much of the work has been entirely re-written, and the number of illustrations increased from 85 to 160. The student will find this book a reliable guide in the discrimi-

nation of disease—a right knowledge of which is *sine-qua-non* in the education of a practical physician, who aspires to practice medicine with satisfaction to himself and benefit to his patient. Dr. Finlayson has had as able coadjutors, Drs. W. F. Gairdner, Alexander Robertson, Joseph Coats, William Stephenson, and Samuel Gemmell, all of whom occupy a position in the front rank of scientific physicians and clinical teachers in Scotland.

A Treatise on Diphtheria: Historically and Practically Considered; including Croup, Tracheotomy and Intubation. By A. SANNE. Translated and annotated, and Surgical Anatomy added, by Henry Z. Gill, A.M., M.D., LL.D. St. Louis: J. H. Chambers & Co. 1887. pp. 656.

The original work appeared in French in 1876, and was a thorough digest of the subject. As a student of Barthez and Trousseau, two teachers who have contributed much to the pathology of diphtheria, Dr. Sanné had unusually good opportunities to become acquainted with the subject and to collect material for the production of a most complete work. In the translation which has just been published, Dr. Gill has added much that is of the greatest importance. His thorough description of the surgical anatomy concerned in the operation of tracheotomy, including the irregularities in the vascular arrangement, and presented with numerous woodcuts, must be highly praised. The history of diphtheria, going back as it does to the days of Hippocrates and Galen, is interesting. The pathological anatomy is described under two heads, the first comprehending the primary lesions in the throat, the microscopic and chemical characters of the false membrane, the parasitic element, etc.; and the other comprising the secondary lesions, brought about in the general system by the effects of the disease and including the paralyzes and the changes in the different tissues. Then follow comprehensive articles on the general description and localization of the disease, and referring to the diagnostic appearances of the false membrane in the various parts of the body in which it may be present. In the article on the development of epidemics, the different modes of transmission are fully dis-

cussed, and the conclusions arrived at are that it may be transmitted by inhalation of the surrounding air, by absorption from the mucous surfaces, and by absorption from the surfaces of wounds. With regard to the nature of diphtheria the specific character of the disease is maintained, and the writer gives in his strong adherence to the two points laid down by Bretonneau, viz., the identity of diphtheria with so-called membranous croup, and also the point not less important, that the false membrane is purely exudative in character, although he admits that necrosis may take place beneath the false membrane. The chapter on prognosis is supplemented by extensive tables of mortality statistics from the different cities of the United States and Europe. The description of the treatment comprises both therapeutic and surgical; the former including the methods adopted in various countries, and the latter giving a most complete account of the operation of tracheotomy, the manner of its performance, the dangers to be avoided, the accidents which are liable to occur, and especially the after-treatment, down to the removal of the cannula and cicatrization of the wound, and also the possible sequelæ, such as cicatrization from ulceration of the trachea, and tracheal fistula, etc. Lastly, we have a brief article on intubation of the larynx and an imperfect comparison of it with tracheotomy. On the whole, the work is very complete, and is the most comprehensive work on diphtheria and tracheotomy that has yet been published.

Personal.

Dr. Ryerson is at Sturgeon Point.

Dr. Sweetnam takes a trip up the lakes.

Dr. B. Field has located on Spadina Avenue.

Dr. U. Ogden is at his summer residence, Mimico.

Dr. Wishart has removed from Anne to College Street.

Dr. A. L. Smith, of Montreal, has returned from Europe.

Dr. McFarlane has returned from Sturgeon Point.

Dr. D. Johnson has commenced practice in Morrisburg.

Dr. Cassidy will spend his holidays at Murray Bay.

Dr. McPhedran has removed to 84 College Avenue.

Dr. Shaw, of Ottawa, goes to Orillia to take the practice of Dr. Elliott.

Dr. Elliott, of Orillia, will locate in Ottawa, where he will do a consulting practice.

Dr. William Young has commenced practice at 82 McCaul Street, Toronto.

Prof. Osler, of Philadelphia, will make Toronto his headquarters for the next five or six weeks.

Dr. Jno. Leeming (Toronto School of Medicine) has been appointed to the Dispensary staff of the Chicago Medical College.

Drs. George Wright and J. E. Graham are spending their vacation at a fashionable watering place! Port Sandfield, Muskoka.

It is expected that Mr. Bantock, of the Samaritan Hospital for Women, London, will be at the meeting of the Canada Medical Association, and deliver an address.

Dr. Malcolm Ferguson, brother of Dr. A. H. Ferguson, of Winnipeg, was at the head of the graduating class of Bellevue Hospital Medical College at the recent examination.

Mr. A. B. Macallum, B.A., Lecturer on Physiology in the new University Medical School, has gone to the Old World, and will spend a few months in Great Britain and the Continent in investigating the best and most practical methods of teaching in his department.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.—*Officers for 1887-89.*—Wm. H. Hingston, M.D., President; Dr. J. L. Leprohon and Hon. Dr. Ross, Vice-Presidents; Dr. Leonidas La Rue (Quebec), Registrar; Dr. E. P. Lachapelle, Montreal, Treasurer; Drs. F. W. Campbell, Montreal, and A. G. Belleau, Quebec, Secretaries.

No one in connection with the University of Toronto is better or more favorably known by recent Graduates in Medicine than the late Registrar, Mr. Alfred Baker. He has recently been promoted to the important and responsible position of Professor of Mathematics. The appointment is generally recognized as an excellent one. Unfortunately he will be much missed in the Senate, and we hope the Graduates will see that he is soon a regular member of that body.

A CLERGYMAN ON THE "FAITH CURE."—In a recent sermon on this subject, Rev. E. C. Ray, Hyde Park, Ill., says: "Apparent cures are often followed by a relapse, temporary improvement by permanent decline. From reported cases of cure we must deduct many of unreported relapse; it is not in human nature, when a wonderful cure has been published abroad, to follow it up with an account of the relapse coming afterward. Mistaken diagnosis accounts for many supposed cures. Physicians often, patients more often, mistake the nature of a disease. Temporary swellings are called malignant tumors or cancers (thus cancer doctors get their reputations); hysteria simulates almost every other disease, so as to deceive even the most elect of doctors; dyspepsia produces symptoms of heart-disease or other deadly illness. There can be no question that a large proportion of faith-cures, and mind-cures, and a considerable proportion of cases under ordinary medical treatment, are cases of mistaken diagnosis, the disease being less serious in its nature than was supposed. Mistaken prognosis accounts for many cases; mistake as to what would be the outcome of the disease if no curative methods were employed. It is a truth seldom recognized by patients, though well known to physicians, that in most cases not hopelessly fatal from the start, there is from the start a strong tendency toward recovery. Dr. Austin Flint, sen., than whom perhaps no abler physician has lived in this land, always urged upon his students the truth that no drugs, but *vis medicatrix nature*, the healing-power of nature, is the means of recovery. The wise physician and nurse seldom attempt more than gently and humbly to assist Nature in her curative processes. Let me add the statement of a conviction derived from some years of such close scrutiny of medical practice of various schools as a pastor has good opportunity for,—a conviction agreed to, I think, by most physicians:—'The benefit of medicine is often not its direct action upon the disease or upon the body, but its action upon the mind, and through that upon the nervous system and the whole body, stimulating faith, hope, expectation of recovery, good cheer, which are probably nature's mightiest remedial assistants.'—*Med. and Surg. Rep.*

The late Prof. Friedlander's journal, *Fortschritte der Medizin*, will be continued under the editorship of Profs. Weigert and Unverricht.

Died.

At Hespeler, July 13th, Dr. Thomas Swan, of cancer.

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, SEPTEMBER, 1887.

Original Communications.

DOMINION MEDICAL ASSOCIATION.

PRESIDENT'S ADDRESS.

BY J. E. GRAHAM, M.D., TORONTO.

GENTLEMEN,—Before commencing my address allow me to thank you most sincerely for the great honour you have conferred by electing me to the position of President of the Association. It is a distinction which I value very highly, and hope that I will in some slight degree merit the confidence thus reposed in me.

Last year our meeting was held in the ancient capital, Quebec—a city whose associations are connected with the past rather than with the present or future.

This year we meet in the enterprising and prosperous city of Hamilton. May we hope that from this date our Association will enter upon an era of greater prosperity and usefulness, and that we shall press on to greater achievements in the future. All will at once acknowledge that a great amount of good honest work has been done in the past, but it is at the same time equally evident that we must put forth greater exertions in the future if we wish our Association to keep pace with the general progress of the Dominion.

A country such as this, which extends from ocean to ocean and whose inhabitants are certainly not inferior to those of any other civilized nation in enterprise and culture, ought to have a larger and more active association. We must lay broader and deeper foundations, and show

greater energy if we would build up an organization which will be an honor to our country.

At our last meeting arrangements were made for the introduction of British Columbia, by the appointment of a Vice-President and Secretary from that Province.

Some changes of programme will be inaugurated at this meeting, whereby it is hoped the proceedings may be made more interesting and instructive.

In order to foster the interests of this Association a more intimate relationship should be established between it and those of a provincial character, and local societies should be established in those provinces where they do not now exist. I would suggest the appointment of a committee, which might confer with existing societies, and report to this Association as to the best means of maintaining and increasing its influence. A relationship such as exists between the great American Medical Association and the various State societies might form a ground-work upon which to build a scheme. While on this point, I will make the following quotation from the report of the Committee on Organization, and presented at the recent meeting of the American Medical Association in Chicago: "The three objects of paramount importance to be accomplished by medical organization, are (1) The promotion of direct personal and social intercourse between physicians, by which mutual respect, personal friendship, and unity of sentiment are greatly promoted. (2) The more rapid diffusion of medical knowledge—scientific

and practical—and (3) The developing, unifying, concentrating, and giving efficient practical expression of the sentiments, wishes, and policy of the profession, concerning its educational, legal, and sanitary welfare, and the relations of the latter to the community as a whole.” A committee giving due prominence to these considerations, and taking advantage of the experience of similar associations in other countries, might form a scheme which, if acted upon, would be of the greatest advantage to the profession throughout the whole Dominion.

As an example of what might be accomplished by greater unity I would mention suppression of the evil which we have to contend against in the matter of lodge, or contract practice. No one who understands the kind of work will deny that the system is, as a general rule, one of great unfairness, so far as the medical profession is concerned. I speak from personal experience, formed in the earlier years of my practice, as well as from knowledge since gathered, when I say that the physician does not, as a rule, get more than twenty-five to fifty cents a visit for lodge work. In many benefit societies the only real benefit derived by the members is the free medical attendance.

Of course, many will say, we quite agree with you that the fees are too low, and that the system is bad, but how are you going to prevent it? Have we ever, as a united profession, tried to amend it? Have we an organization sufficiently strong to attempt to cope with the difficulty? I think not. If these were the only questions to be dealt with it would be worth all the trouble of making a thorough organization. Then there are the general questions of fees, of ethics, and others of vital importance, about which we have few laws, and few methods of enforcing the law.

It has been suggested that, in future, our meetings should be held only in those cities which are easily accessible to the majority of the members.

We are afraid that if the meetings were thus held only in central places the Association would, to a certain extent, lose its national character. If, however, we met only in such

cities or provinces as already possessed active local societies the same object would be attained. If the profession of any city or province has sufficient energy and enthusiasm to maintain an active local society there would be no danger of failure in case this body held its meetings in that city or province.

We may safely say that we have in this Dominion a profession not inferior in average ability and culture to that of any country in the world. The examination which was established some years ago by the Ontario Medical Council, and the methods of registration adopted by other provinces, have prevented to a large extent the entrance of inferior merit into the profession. We have thus a better average than would otherwise have been the case.

Is there that feeling of unity among medical men in this country which ought to exist? Is the enthusiasm for the study of science of medicine such as we would like to see? I may be wrong, but I sometimes think that in these points we are not on a par with those of many other countries.

There is no better method of improving the profession in these respects than by the formation of active local societies, so that practitioners may be more frequently brought together. Misunderstandings will be then explained and jealousies removed which would otherwise separate men for years. In these days, when unions and conventions are of such frequent occurrence in the various trades and professions, we lose much by want of organization and want of unanimity.

In looking to the future there is another point which must be noted and provided for, viz., the formation of specialties. Whatever diversity of opinion may exist with regard to the ethics and utility of specialists, one thing is certain, they have come to stay. The public readily appreciate the fact that a practitioner who devotes himself to one department will in all probability be more capable in that department than one who goes over the whole field of medicine. It is also a fact that many local diseases are relieved and cured more readily and certainly by specialists. It has been the opinion of some that specialism might be devel-

oped in smaller cities and towns to a much greater extent than is at present the case. For instance, in a town where there are, say, six practitioners, each one, while attending to his private practice, which would of course be of a general character, might at the same time devote himself particularly to some special branch of the profession. An arrangement might be made that in all surgical cases requiring consultation or assistance the one who devotes himself to surgery should be called in; in obscure internal diseases the physician might be summoned; in obstetrical and gynecological cases the gynecologist, etc. This is an arrangement which the public would soon learn to understand and to appreciate. A system similar in character has been for some years carried out in some cities of the Dominion with very great success. The arrangement, in order to be successful, would require the strictest honor and integrity on the part of those who entered into it.

My predecessor, Dr. Holmes, in his excellent address, which was listened to with such pleasure in Quebec last year, made numerous suggestions for the future advancement of the profession in the Dominion. We hope soon to see many of these suggestions acted upon. The profession in Ontario have already made the preliminary arrangements for the establishment of an institution which will be of incalculable benefit to the medical men of the Province, viz., a Medical Reference Library. The joint committee of the Toronto Medical Society and the Ontario Medical Association have already made such advances that we can confidently promise the formation at an early date of a library of some thousands of volumes, which we hope will be largely used by members of the profession. Arrangements will be made whereby books may be sent, on certain conditions, to any part of the Province. It is also contemplated to have the library constantly open, so that members of the profession visiting Toronto may find a home and a place where they can see the latest medical literature.

This is still a young country, and there are many institutions which must be established to place us on an equal footing with older and wealthier nationalities. The fact of our being

young should not prevent us thus early laying the foundations of such as will be of the greatest benefit to future generations.

The past year has not been marked by any great discovery in our science. A steady progress has, however, been made in the various departments of medicine and surgery. The confirmation of previous discoveries, and the advancement of the limits of our knowledge, has been the work of our scientific men.

In abdominal surgery, great advances have been made.

In bacteriology discoveries are recorded which promise to assist very much in explaining away the many difficulties which constantly beset us in the study of internal disease.

I now turn to a sad portion of the history of the past year—the loss which this Association has sustained by the death of some of its active members. Among these I would mention the name of our late fellow-member, Dr. John Fulton. He was one of our most regular attendants, and always took an active part in every thing which pertained to the interest of the Association and of the profession at large. His comparatively early death, together with that of others who have recently been cut off—Drs. McBride and Hudson, of New York; Drs. Fagge, Moxon, and Mahomet, of London, Eng., has given rise to the question as to whether there is anything in our modern professional life which causes such early mortality. I have therefore determined to make a few remarks on over-work and its consequences as exhibited in the lives of our medical men.

In those days of intense activity we find frequent evidences of the effects of over-work in the members of the various professions and callings. In each profession, however, there are certain peculiarities, or peculiar methods of work, which are especially injurious to the human system. Of these, so far as they affect the medical profession, we wish to speak.

The victims of over-work in our profession may be divided into three or four classes.

The first class may be illustrated by the following example:

A young physician enters into city practice, and, in his eagerness to succeed rapidly, engages in lodge and other contract practice. In this

way he assumes at once work and responsibilities which ought to belong to riper years. Often, too, he acquires new patients by a spirit aggressive, and sometimes offensive, to his seniors. If he is a conscientious man he will become, more or less, intensely worried about his patients. He will constantly meet with cases entirely new to him, and will be in doubt as to the correct treatment to pursue. He is, at the same time, under the disadvantage of being considered a young man, and they who contract for the services of a physician are generally the most exacting and the most unreasonable. They often make remarks which are exceedingly galling to a sensitive nature. With this kind of practice there is always a good deal of night work. The patients are usually careless whether they send in the day or night so long as they have nothing extra to pay. If the young physician, as is often the case, falls into a large midwifery practice at the same time, his lot of drudgery—I was almost going to say slavery—is complete. For a few years he does not feel the strain, but sooner or later his constitution gives way. He is frequently subject to severe headache, and palpitation of the heart. Symptoms of dyspepsia show themselves. He finds that he cannot endure night work so well, and feels a general want of strength. If he is wise he will either give up contract practice, or else take a long rest.

A second class of cases are made up of those who early acquire a large country practice. The instances of premature decay are not so frequent in this class, unless the person becomes addicted to stimulants. Although there may be greater fatigue connected with country practice, there is the compensating advantages of pure air and less worry, as the number of patients under treatment is necessarily fewer and expenses of living are less.

Many, however, have in the meantime assumed the responsibility of supporting a family, and may not be in a position to give up any of their work. Sometimes they resort to stimulants. This pernicious practice can only have one result, sooner or later—utter and irretrievable ruin. In other cases, the physician works bravely on and is suddenly cut off by a pneumonia or by a typhoid fever, or some other

illness, which could easily have been withstood if the system had been in a sound and normal condition at the commencement.

The third class in which we hear of the saddest effects of overwork is composed of those who settle in a large city, and who wish to assume the foremost positions as consulting physicians and surgeons, and to become eminent as teachers or authors.

A young man of this character, with little means, settles in a large city. He sets before him the following tasks: (1) He must make a living from the first. To do this he probably undertakes to teach students in grinding or quiz classes. This, when largely engaged in is exhaustive work. He also frequently does the night work of an older practitioner, and loses as much rest as one in large practice. (2) He must acquire a reputation as a practitioner. For this purpose he becomes connected with as many hospitals and dispensaries as possible, spending several hours each day in a close and unhealthy atmosphere. (3) He must acquire a reputation as a teacher. For this end he, if possible, becomes connected with a Medical School, where he is expected by the older heads to do an enormous amount of work for little or no pay. (4) His tastes and ambition lead him to become an original investigator of disease, and he has the laudable design of adding to our stock of medical knowledge. To do this he pursues some line of clinical or pathological investigation—a work which may be exceedingly interesting but which must be carried on largely at night, thus robbing the enthusiast of hours which should be devoted to sleep.

Then he desires a competence for himself and family. To some the fatal idea comes of becoming wealthy. As this cannot be done in the slow way of ordinary practice, they engage in speculation, and we all know how fortunate doctors are when they enter that business.

There are a few of extraordinary constitution who can bear up for many years against such a heavy strain, but they are few indeed. From constant and unrelenting work symptoms of brain tire show themselves.

The physician complains of frequent headaches, becomes irritable, suffers from insomnia, and finds he is unable to do the usual amount

of work, his memory fails, especially in details; bodily weakness, indigestion, inactivity of the liver appear to warn him of his doom in the near future unless he changes his mode of life. Finding himself unable to work he takes a short holiday, feels much improved, returns to labor in the same way as before. Organic disease may now become developed. The heart becomes weak and irregular. Atheroma of the arteries and consequent apoplexy may lay him aside or may end his career. Bright's disease may show itself. If none of these organic diseases present themselves, the unfortunate may be cut off by some acute disease. Instances are not rare of degeneration of the nerve centres, with consequent melancholia and suicidal mania. This is not a fancy sketch, but one which could be substantiated by many instances. I will mention but one, that of the late Dr. Golding Bird. Dr. Routh, in his book on overwork, gives the following account of an interview with that distinguished man:—"I well remember a conversation I had with the late Dr. Golding Bird a few weeks before his death. He was then in the zenith of his popularity, and recognized by all as one of the ablest of our London physicians. I called upon him one morning with a relative to consult him. Several other medical men preceded me. His rooms were full, and I had to wait three hours ere I could obtain admission to his study and consult about the case. I congratulated him on his success in practice. 'Yes,' he said to me, 'you are right; but I wish, nevertheless, to make your remark a text for a little parting advice. You see me at a little over forty in full practice, my rooms full, and making my several thousands per annum.' (I think he said seven), and if I die to-morrow I do not leave as many hundreds to my family. All this I have done by sheer perseverance, unceasing hard work, and no holiday. But I am to-day a wreck. I have fatal disease of the heart, the result of anxiety and hard work. I know I cannot live many months, and my parting words of advice to you are these, never mind at what loss, take your six weeks' holiday. It may delay your success, but it will insure its development. Otherwise you will find yourself at my age a

prosperous practitioner, but a dying old man.' Six months after this conversation he had put off this earthly tabernacle."

It is my opinion that in such cases it is not the scientific labor which is the cause of trouble, but it is the worry, anxiety, and fatigue of family practice, in addition to the scientific work. We all know from personal experience how exhausting it is to visit, day after day, upon a serious case of illness, especially if the patient is a near friend, or one of distinguished position in society. The amount of vital capital lost in these cases cannot be estimated. It is a singular fact that the large majority of cases of overwork occur among consulting physicians. Surgeons and specialists do not suffer to the same extent. The reason of this is not far to seek. The amount of brain work done by the physician, as a general rule, is very much greater than that done by the surgeon or specialist. The work of the latter, in most cases, is largely of a mechanical nature, and a great portion of their time is spent in manipulation. It is otherwise with the physician. Let us for a moment follow him in his every-day work. He must first attend to his correspondence. This is usually no slight task, especially if he answers all the letters sent by brother practitioners throughout the country asking for advice in the treatment of certain detailed cases. I hope you will pardon the digression while I make a few remarks on this point. Very often, in fact in the majority of cases, these letters for advice are sent and an answer expected without fee. To read the detailed history of a case, and to give an answer of any value, takes up the greater part of an hour, and incurs quite as much labor as any other consultation. A specialist in Toronto, who is very conscientious in answering these letters, has informed me that the task frequently requires him to remain at his desk until after midnight. The late Dr. Darwin Hudson, of New York, when I was last there, complained bitterly of the same difficulty. So much labor ought not to be imposed without remuneration. In case the patient is poor and unable to pay, the consultant or specialist would always be glad to be of any assistance without any reward. In many instances, however, we

believe the patients are well able to pay, and the attending physician need only state his intention of consulting by letter, and ask for the fee to have his wishes acceded to.

We will now return to our subject. After the physician has finished his correspondence he is ready to receive patients. Together with a number of minor cases he may have two or three of difficult diagnosis, which may bring into exercise all his resources. He will write a detailed history of each case and, perhaps, afterwards write his opinion and treatment in a letter to the attending physician. When he has finished a morning's work of this kind he is frequently so exhausted as to wish for the afternoon to rest. But he must then go to the hospital and, perhaps, for one or two hours he examines and tries to make clear to a class of students cases quite as difficult as those of the morning. He then visits his private patients. (On this continent we have yet very few purely consulting physicians.) This may occupy his time until six or seven o'clock. After dinner he works at his lectures or other literary matter, and is at the same time harassed by numberless interruptions until nearly midnight. Then he may, like all medical men, be called up at night, or, if allowed to sleep, wakes up perhaps tired to continue his ceaseless toil. Is it any wonder that so many break down under such a strain. The development of specialties has also added to the work of the physician. He cannot act simply as a distributing centre, sending one patient to this specialist and another to that; but he must learn to diagnose and treat many local diseases himself. This entails upon him the necessity of acquiring a knowledge of most of the specialties; and now that familiarity with bacteriology is added as an almost necessary accomplishment, the field is too vast to contemplate.

Now what are the lessons to be learned from all this?

1. That the rapid acquirement of a large and lucrative practice is often a great misfortune. It subjects the physician to the enmity of his older colleagues, often with and often without reason. It imposes burdens under which many fall, and it robs him of a happy and useful old age.

2. In the case of those who are ambitious to acquire professional favor for scientific work, the lesson is to avoid overwork. One ought not try to become a noted physician and a rich man at the same time. It is a rare thing for a physician to amass a fortune, too rare to make it worth one's while to attempt it.

A very important lesson is to notice the first admonition of a general breakdown, and to act upon the warning given. One of the best remedies is a prolonged holiday. This serves the purpose of giving the mind a complete rest. A long holiday is but of temporary benefit; the work must be cut down at home. Eight hours' sound sleep must be had at any cost. If the rest is broken by night calls it must be made up in the morning. Some part of each day should be devoted to recreation. These are difficult rules to follow out in practice, but they are quite possible when a determined stand is taken.

Those who habitually overwork must remember that they are thus defeating the very object of their ambition. In the medical profession the best work should be done between forty-five and fifty-five. The late Dr. Flint did not issue his celebrated work on "Practice of Medicine" until he was over fifty. We know from observation that medical men in health are at their best during those years. This being the case, it should be the aim of an ambitious physician, above all things, to maintain his health and vigour, until he can reap the fruit of his earlier labour.

The most satisfactory, the most lasting, and the best work is done by those who are careful not to overtax themselves, but who so arrange their business as to take that recreation which the body so much needs.

I would not close this address without referring to the opposite condition: the spirit of apathy and inactivity which blights many physicians' lives. It is far better to live an active life of usefulness, even if one should be the sooner cut off, than to pass through this world as a miserable drone, of little use either to the family or community.

Our active professional and business men, those who shape our destinies as a nation, frequently exhibit one trait of character

which might almost be considered a failing, viz., the expectation of immediate results from their labour. This is particularly noticeable in our western provinces and territories. We work hard, and if in a few years the reward of our toil is not within our grasp we chafe under the disappointment, become discontented, and determine either to change the political character of our country, or remove to lands where fortunes are said to be more rapidly made.

We have a vast territory, but one in which the material obstacles to rapid advance are great. These very difficulties ought to develop in us qualities of patient endurance and steady perseverance—qualities which will ultimately make this Canada of ours one of the greatest nations of the world.

Let us as physicians, not under the influence of haste and worry, but steadily and perseveringly, work in building up our own profession, so that in all matters which pertain to excellence we may be equal to that of the foremost nations.

OBSTRUCTED URINARY OUTFLOW.

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(A paper read at the meeting of the Canadian Medical Association, Hamilton, Sept. 1st.)

MR. PRESIDENT AND GENTLEMEN,—It is with somewhat mingled feelings that I stand up before this Association to read and perhaps provoke discussion on some surgical topic. I feel pleasure, I confess, at the honour of being asked to thus occupy your time for a short space, but the pleasure is modified by the thought that one more fitted to do this—one who had been asked and had accepted the work—has, ere the time came, been removed by death. I need hardly say I refer to the late Dr. Fulton, my predecessor in the Chair of Surgery in Trinity Medical School. It is not necessary for me, I know, to bear witness to the able manner in which this task would have been done by him. His experience and judgment in surgical cases had been steadily ripening by constant observation and study. But last year he spent a large

portion of his time among the hospitals of Britain and the Continent. This, combined with his peculiar aptitude for, and his long experience in teaching makes his loss as a professor of the science and art of surgery a marked one. As his substitute at a rather late date, when my hands were to be fully occupied in the preparation of a course of lectures for the coming winter session, I feel I can confidently claim the special indulgence of this Association.

The surgical field is now so wide, and yet is ever widening, that it is not an easy matter to choose from its ample fold a particular subject of moderate dimensions that it is interesting and profitable to discuss. I have ventured to bring the subject of obstructed urinary outflow before you, because it has several claims to our attention. It is a common affection in this country. What is common ought to come home to us all, ought to interest us all, seeing that it is not limited to the hospital surgeon, whose opportunities are larger, nor has it with us been marked out as a preserve requiring a special keeper. Rather it falls to the lot of every general practitioner. It frequently requires to be dealt with at once. Its urgency is, or may be, so great as to leave but scant time for consultation with books or even with a fellow-practitioner—the over-distended bladder prays for relief, and we are looked to for that relief as speedily as possible.

Among all the causes of obstruction to the outflow from the bladder, two are specially prominent, and are most frequently the offending cause. They are stricture of the urethra and enlargement of the prostate.

Stricture as a Cause.—If we believe the statements of our patients as to their ailments, stricture of the urethra would be a very common affection; for many patients consult the surgeon, and when asked the question, What do you complain of? reply at once, I am suffering from a stricture, or a touch of stricture; but a little further questioning and examination shows no indication of such, the reason being that any discomforts in the act of making water, however trifling and temporary, is to their minds indicative of this complaint. I shall endeavour to regard stricture in its most practical, if not in its most exhaustive light as

a cause of obstructed urinary outflow. There are three classes of stricture. The inflammatory group, which some surgeons decline to consider as a form of stricture at all, preferring to restrict the term stricture to the organic form alone. Yet this inflammatory swelling of the urethral canal is an important factor, under two conditions, in producing more or less complete obstruction to the passage of urine. We meet with it in cases of acute gonorrhœa. The patient, a young man with his first attack, not estimating the importance of care sufficiently, disregarding the advice given him by his attendant surgeon, indulges freely in alcoholic liquors, at the same time unduly over-exerting and exposing himself to cold and damp, and even, perhaps, indulging in sexual intercourse, finds that he is suddenly unable to pass water at all. His outflow is obstructed—inflammatory swelling has closed his urethral canal. The surgeon is called upon for relief. The diagnosis is so plain that any surgeon, I think, after trying the effect of a warm hip-bath for some time and not obtaining relief, would not temporize any longer, but pass a soft, flexible catheter and relieve this retention.

In the other class are those who, having a permanent organic stricture by much the same line of conduct, induce congestion of the urethra at the strictured part, and the small inconvenience of the permanent stricture is all at once aggravated into a more or less complete retention of urine. Here also the catheter is to be used.

Spasmodic stricture is the second group. Now and then the calibre of the urethra is narrowed by the contraction of the muscular fibres of the canal. It is met with in the deeper parts, for there the muscular bands are the most numerous. When pure, that is to say, not associated with inflammation nor a concomitant of organic stricture, it is due to some reflex irritation, temporary, as in cases of operation on the lower end of the bowel or verge of the anus, and in fractures of the femur; now and then more permanent, and then liable to be mistaken for real stricture, in those cases in which true organic stricture exists near the meatus, and as a result a spasmodic closure occurs by reflex irritation of the perineal muscles in the neigh-

borhood of the bulb. Chloroform, by causing relaxation of such strictures, indicates their origin. Should they produce obstruction to the urinary outflow, relief is easily obtained by the passage of a fairly large-sized catheter; for while the spasms may be an impediment to the outflow it ought to be no hindrance to the entrance of the instrument.

But the most interesting and practical stricture is the true organic stricture. Bearing in mind that, at rest, the walls of the urethra, by elastic and muscular contractibility are drawn closely together, that this position is maintained until the outflowing stream of urine separates them, or when an instrument is passed down the canal, it is easy to understand how a deposit of lymph round the canal of the urethra, at some point in the sub-mucus and vascular tissue, and this deposit subsequently becoming rigid and contracted causes the natural distensibility of the canal over a limited area to be lost. The causes producing this deposit and its resultant stricture are gonorrhœa or some injury to the perineum, implicating perhaps the urethra directly, as falls, kicks or blows. Starting with a history of one or other of these causes to help us, we base our diagnosis on (1) Smallness of the stream, depending on the narrowed state of the canal. I have often fruitlessly tried to get a clear answer from patients as to size of their stream. They can say if it is forked or twisted, which has comparatively little value, but they do not seem to notice the gradual diminution in the size, so I am in the habit of asking them to make water before me, so as to judge for myself. The splitting or twisting of the stream may depend on a narrowed meatus where no real stricture is present, and is not to be relied on as of much value. (2) Frequency of making water is nearly always present in cases where the stricture has existed for some time, and even in comparatively recent cases. (3) Pain, I find, a very varying and unreliable symptom, whether it be at the point of contraction or above the pubis—in this latter situation it depends on sympathetic cystitis. The whole of these symptoms taken together strongly point in the direction of stricture. Next, (4) the physical examination by the passage of a fairly large-sized

catheter, No. 8 or 9, tells quickly if an obstruction exists, and also the exact site of such obstruction. As regards the endoscope as an aid in the physical diagnosis of stricture I have no experience, but I think it is not likely to come into very general use at present, nor do I think the cases in which it would be really serviceable to be many. The presence of stricture being diagnosed, and its site made out, the next question is how to meet and abolish its being any obstruction to urinary outflow. This, in its entirety, is a very large question. It is not my intention to try and grapple with it fully. I would rather direct attention to one method that, I think, is worthy of being tried in many cases—I mean gradual interrupted dilatation, procured by the passage of sounds or bougies through the stricture, beginning at that size which will just pass through, and at subsequent times increasing the size of the instrument until the full calibre is reached without wounding the urethra. When passing instruments on the urethral canal, I think we would do well to bear in mind Sir Henry Thompson's simple axioms, viz., That the use of instruments down the sinuous passage of the urethra with its delicate vascular walls lying in contact with each other is an evil—a small one, or a great one, according to the manner in which they are employed—and should not be used unless there is good reason to believe there is a greater evil present, which they may mitigate or cure; further, that as the passage of an instrument, even on a healthy urethra, is a source of irritation, no one should pass an instrument on another, until he has passed one on himself, for it is obvious that the amount of irritation will depend greatly on the manner in which it is passed, and also on the kind of instrument used. One object should be to effect gradual dilatation with the least possible irritation. With this purpose in view, what instrument or bougie should we choose? I must confess I have modified my views somewhat. In my student days I saw numerous cases of stricture in the surgical wards of the Edinburgh Infirmary, and Sir Joseph Lister—whom I specially followed—was a strong advocate of the rigid instrument. Of these he had three different

sets; one like the ordinary silver catheter, one short and straight-set, and one which bears his name—the steel, conical bougie. Seldom did he, with one or other of these kinds, fail to dilate the stricture, however contracted or peculiar. Strongly prejudiced in favor of the rigid instrument at the outset, experience has compelled me to admit that, in many cases, much may be done by flexible bougies; further, I think that in all cases they should be given a trial first. As to the particular pattern of flexible instrument that is most useful, I cannot speak positively. I do not know any general rule that should govern, each case must be judged separately on its merits, the quality and site of the stricture being considered. At one time the English pattern, with its special quality, viz., that when heated in warm water, and given any required curve then plunged into cold water, that curve will be maintained—will be useful. On other cases it is easier to pass the French pattern, which is extremely flexible, and has a tapering point, with, or without a bulbous end. Probably, with the flexible ones we are more likely to succeed in strictures of recent origin that have not been irritated much, and in which the amount of inflammatory induration is not great nor firm. Failing with the flexible ones, I next try the rigid instruments—either the catheter pattern, or the conical, silver-plated steel instruments—using these last with great gentleness, remembering that I possess in them a powerful factor for good, when properly and discreetly used, but an equally potent factor for mischief, if carelessly used or abused. I find I need myself to continually remember this, for one's patience is at times severely taxed in difficult cases, due either to extreme narrowness, or some complication of false passages or other like obstruction—cases where, after trying methodically, patiently, and gently, we find the instruments decline to enter, then the temptation is to use just a little force in what we might call the anatomical urethra, and with disastrous results.

How much should we endeavor to do at one time? As a rule, I think that as soon as we reach a size that is firmly grasped we have done enough for one day, and yet cases not infrequently report to us at the hospital that

surgeons try and do pass instruments day after day for a lengthened period.

As to the lubricant to be used, I think few surgeons in the present day would use one that does not contain a germicide or antiseptic in some form, for the evidence is so greatly in favor of the view that decomposition of urine is due, in all cases, to the introduction of microscopic organisms from without, and that these organisms find their way into the bladder frequently by instruments introduced by the surgeon. If introduced, the consequences of putrefaction extending to the kidney are so grave that the surgeon who neglects to use them incurs a heavy responsibility.

I have tried cocaine as a local sedative to overcome the painful and disagreeable sensation during the passage of instruments, and also to thereby lessen the instinctive muscular spasm so produced. I find it acts very satisfactorily. Half a drachm of a four per cent. solution injected into the urethra, and held there some minutes, unquestionably facilitates the introduction of instruments. In one case, I am sure, it enabled me to pass a small instrument which I am doubtful if I could have done without using it. In another case it reduced much the fever following the use of instruments. In this case the stricture was the result of injury to the perineum by the patient's falling on the wheel of a carriage. An endeavour was made by a surgeon to pass instruments, but without success. Three or four days afterwards he came under my care, and with cocaine I passed No. 2.5 conical steel sound, and finding that he seemed to suffer very little I passed the rest up to No. 12.

After the first attempt his temperature at night rose to 105°, and he had great general discomfort. After the dilatation with cocaine anæsthesia his temperature rose only to 101.3°, and the general discomfort was slight.

Strictures complicated with fistula in perineo I have also successfully dilated and temporarily cured. Cases which, due to loss of tissue, and constant inflammatory action over a considerable area of perineum, are not usually the most promising for simple dilatation, but frequently require some operative interference, urethrotomy, or generally external perineal section.

I said temporarily cured, because I think most surgeons find that, no matter in what manner the strictures may have been dealt with in order to effect a cure, such a state of full dilatation does not remain. Slowly, but certainly, the strictured part contracts and requires to be kept patent probably for the rest of the patient's life.

I have advocated in this paper but one method of treating strictures, and I have done so purposely. I believe that to the great bulk of practitioners in Canada this mode of treatment is most available, most simple, most safe; and in many cases of urethral stricture, especially those in the neighborhood of the bulb, I feel confidence in advising a trial of interrupted gradual dilatation. Again, the limits of such a paper as this forbids entering into the merits and demerits of all the ways and modes of treatment. I am aware that many may prefer to combine dilatation and internal urethrotomy, especially in tough undilatable strictures in anterior portion, or in those cases in which, owing to grave constitutional symptoms, which may occur as a result of dilatation compel it to be thus modified, or in cases where contractibility or resilience is strongly marked, and all our efforts at dilatation are neutralized by this peculiarity.

I am inclined to believe that internal urethrotomy is not yet undertaken by many, because they fear the possibility in unpracticed hands of very serious consequences; for it cannot be denied that incision of the urethra is not infrequently followed by special dangers, chief among which are hæmorrhage, urinary fever, extravasation, and abscess, as well as blood poisoning in all forms of pyæmia, septicæmia, phlebitis, embolism, and thrombosis. Others, again, neglect to give a trial to the simpler and safer method, preferring to incise each and every case of organic structure of the urethra, quite independent of site, character, or anything else. I do think that though I am privileged to open the discussion, and in doing so strongly advocate dilatation, our good president will not object to any member favoring us with his view on urethrotomy, internal or external; dilatation, gradual or interrupted, or continuous; by splitting rapidly, by electrolysis or any other recognized method,

The second cause of obstructed urinary outflow that I propose shortly to review is hypertrophy or enlargement of the prostate—that disease incidental to advanced age, the morbid anatomy of which is sufficiently precise, but the etiology of which is unknown, affecting as it does all sorts and conditions of men, from the judge on the bench to the coachman on the box.

It is important to make the diagnosis as early in this case as possible, and to relieve by mechanical means at an early period also. I do not think this is sufficiently appreciated. It is not usually done as early as it might be. Let me give a typical case of delay in the use of the catheter:

C. S. G., aged 68, particularly well made, healthy-looking man, consulted me for a pain in the eleventh interspace on left side, not far from the angle of ribs, and dribbling of water into his bed at night, generally between the hours of 5 and 6 a.m.; now and then in the day time into his trousers as well. Questioning revealed that during the day the calls to micturate were infrequent, but that he made water first thing on rising, after partially dressing again, and just after he was dressed, or three times in an hour, and a fair amount passed each time. The stream was normal in calibre, but not well projected, and towards the end dribbled a good deal. Chemical and microscopic examination of urine revealed nothing except that urine was rather light coloured and of low specific gravity. He had quite distinct fulness and dulness in the hypogastric region; advised to have a catheter passed to relieve the bladder, but the idea was very distasteful to him, and he declined to allow its use, preferring to go to England and seek advice there. He first of all consulted a homœopathist; he said he had many such cases, but six weeks' trial of the remedies of that school failed to in the least degree benefit his case. Another medical man said, "I'll take the bow window off you," evidently thinking adipose tissue was the cause of the enlargement in the hypogastric region and not over-distension of the bladder. Another surgeon told him he had water in his bladder, and that he might require the use of a catheter. It was not until on board ship that he was persuaded by the ship's surgeon to allow a catheter to be passed, and though

he went through a sharp attack of cystitis afterwards, and passed bloody urine even as dark as porter at first, he is now in good health, and for some years has passed water on every occasion only by the use of the catheter.

This condition of enlargement is to be suspected when the stream of urine becomes dribbling, and there is an obvious difficulty in emptying the bladder. Micturition especially frequent in the night or early morning, for it is after some hours of sleep or by taking of stimulating fluids freely that the frequent attempts to empty the bladder are made—perhaps a little pain before the act and none afterwards; no alteration in the character of the urine; no passing of blood. The diagnosis is completed by making the patient pass water before us. Then passing a catheter to ascertain how far the enlargement is a barrier to the exit of the urine for the quantity left behind, or residual urine at each act, determines the future treatment. One caution is necessary—it is often wise to ascertain a second time, by this passing of the urine, *ante oculo*, for the nervousness of the patient may produce a temporary inability to thoroughly micturate, and this gives us a false idea of his powers. If these symptoms are neglected or overlooked inconvenience follows, depending on over-distension of the bladder, and later on, from the same cause, cystitis, dilated bladder and ureters, and important renal changes.

Mere size of the gland is not of much assistance in diagnosis, for so long as the prostatic urethra is not encroached upon, the gland may assume considerable proportions by enlargement of the lateral lobes; while if the so-called middle lobe be only slightly enlarged, difficulty in micturition is sure to result, even if the enlargement is so small as to be undetectable by the surgeon per rectum.

It is useful to feel the gland per rectum in all cases to ascertain its size and general condition, which can easily be made out by the finger above and on each side; but I do not think anything is to be gained by introducing short-beaked metal sounds down the urethra and endeavouring to measure the amount of enlargement, and there is a decided objection to their use. Our diagnosis of hypertrophy being

clearly made out, and also that this is acting as obstruction to urinary overflow, it may then be proper to direct and teach the patient to pass an instrument at least once in the twenty-four hours. Catheterism being necessary, we select that form that will produce the least irritation. Trying, perhaps, first of all, a soft rubber catheter, Jacques' pattern, these sometimes slide in easily, sometimes they won't go in at all and no amount of persuasion or skill with instruments can make them. Or an English gum elastic, or French, olive shaped, may be preferred. Yet I think, of all the soft or flexible catheters, the one most likely to be the most serviceable and to pass the easiest, is the French catheter Coudée. This is especially easy to pass if you keep the beak upwards and allow the catheter to ride into the bladder. If this fails withdraw it about an inch and rotate it on its axis, so that the beak points to the right—if you fail, similarly to the left, and see if it will not slip on into the bladder, for at times the passage is circuitous. Silver catheters are to be used if the soft ones fail, and the introduction of the left forefinger into the bowel is often of service by pressing the point of the catheter forwards.

That this catheterism is necessary is very plain to the surgeon for relief of the more or less complete retention, but should it unhappily be the starting point of serious and perhaps fatal illness, it is not easy to convince the friends of the patient that it is not because the catheter was used, but that it was not used early enough, that the illness is so grave.

I have seen a metaphorical illustration of this possibility by Mr B. Browne, which I consider very apt: "An elderly man requiring catheterism for partial or complete prostatic retention of urine may be looked upon as a blind traveller unconsciously approaching the brink of a precipice, and his surgeon may be compared to his friend, who, aware of the danger, hastens to his assistance. The friend must interfere or else the man is lost; but if he rush unskilfully to his aid he may cause him to stumble and so actually hasten his end, although by a very brief period of time; or the man may already have lost his equilibrium, the most skilful aid is unavailing and he falls, and in falling may drag his would-be saviour with

him." In other words, the on-lookers, ignorant of the danger, may attribute the loss of the patient to the surgeon and his catheter, and the surgeon's credit, dear to him as his life, be gone. Therefore with regard to prostatic catheterism it is incumbent on us to act from the very outset cautiously and judiciously that no one may have occasion to reproach us.

What is it, it may well be asked, that makes catheterism in these cases so fraught with danger at times. The reason is that it may be followed by fever of varying intensity. In one case slight, in another serious or even fatal. This causes us to further inquire, What is the cause of this fever that may be so serious? so that we may try and prevent it or lessen its severity. The starting-point of irritation being the catheter, some have ascribed it to septic invasion of the kidney, due to the introduction from without of septic matter on the instrument. That this can and does happen I firmly believe. I like to carry it always in mind, and by my actions eliminate it as a cause, but that it is frequently a cause, I do not think.

Of course, if the urethra be torn or injured by the introduction of instruments, absorption of septic products might, and probably would, result in fever, just as a breach of surface anywhere in the body; but we know that this fever may follow the most skilful catheterism conducted with the most strict antiseptic precautions. The theory advanced, that this is due to absorption of urine, through the injured mucous membrane of the urethra, is not tenable either, except in the rarest of instances.

The most probable explanation is, that the fever is the result of shock to the sensitive excretory apparatus of the kidney through the nervous system. That the connection between the genito-urinary organs, and the cerebro-spinal and sympathetic nervous systems is extremely close, can readily be illustrated in cases where the shock of an instrument passed is sufficient to cause complete suppression of urine, even for 24 hours.

In many cases the shock to the kidneys is withstood, the resulting constitutional disturbance overcome, and the patient after a time recovers. In all cases, probably, this is the result where the kidneys are healthy at the time

of catheterism; this is much more likely to be their state when the obstruction to the outflow has not existed very long. Now, I do not know how we can, by examination of the urine, tell what the exact state of the kidneys is, whether they are sufficiently healthy to bear the shock, so the lesson is brought home very clearly to us, "Use the catheter early in the disease."

I am aware some cases of enlarged prostate only suffer from occasional more or less complete retention, and therefore require only the occasional use of the catheter. The use of instruments will, sooner or later, be demanded in all likelihood by some strong emotion or sudden congestion, or other similar cause, rendering the bladder unable to expel its contents. But these cases are usually compelled in the end, as are the great majority of cases of enlarged prostate, to regularly use the catheter, and they require to be taught to pass it for themselves once, twice, or more frequently per day, and not to trust to the surgeon's visits.

We plan, then, our measures to reduce the shock of passing the catheter, occasional or habitual, as the case may be, to a minimum, and to do that I think we ought (1) To use a soft, flexible catheter, preferably the highly polished silken-webbed gum catheter of the Coudée pattern. (2) To use an antiseptic lubricant, either carbolic acid and oil, or carbolic acid and vaseline, or Lund's oil, or some like preparation. (3) See that the catheter used by the patient is at all times kept most scrupulously clean. (4) Use some sedative to soothe the nervous system, either a single dose of morphia shortly before the passage of the instrument, or quinine and morphia administered in several doses for some days before. As a local sedative, cocaine, to me, does not seem so applicable as in cases of stricture, for it is to the deeper parts of the urethra chiefly that we wish it to be applied, and this cannot be done without using a urethral instrument.

One other point I would mention in these cases of prostatic disease. It is that the bladder, after the habitual use of the catheter, requires to be washed out. Urine in the later stages may accumulate in pouches, and the catheter may not be able to evacuate it entirely; it decomposes, and the unpleasant effects of this

are best met by thorough irrigation of the viscus. In doing this, we should be careful not to allow the entrance of air into the bladder, nor to use any force with the injection. This is easily and conveniently managed by attaching to the catheter, already passed, a rubber injecting bottle, of the capacity of three or four ounces, by means of a piece of tubing, filling it completely, first of all, with the fluid to be used, warmed to the temperature of the body. The fluid may be a solution of borax and glycerine, or Barff's boroglyceride gr. xij. ad \bar{z} i., or Hg. Cl₂. $\frac{1}{2}$ gr. to \bar{z} i., or some other such. Inject not more than two ounces at a time, allowing it to run off, and then repeating the process as many times as desired.

One caution, too, in those cases where, by slow accumulation, there has been great distension of the bladder and a catheter is to be used, it is not wise to empty the bladder completely at the one time, for fatal consequences even have followed such a course.

Lastly, those advanced cases where life is in danger, or at any rate existence is rendered miserable, due to the frequent calls for catheterism day and night, I do not propose to discuss. My friend Dr. Groves, of Fergus, at the last meeting of the Ontario Medical Association, favored us with the report of cases in which he had performed perineal incision, followed by very marked benefit. This, I believe, to be the best means of obtaining the requisite drainage, and superior to any supra pubic or rectal operation.

THE PATHOLOGICAL CONDITION AND BEHAVIOR OF THE FLUID IN EMPYEMA.

BY DR. M. M'PHEDRAN, M.D., TORONTO.

(Abstract from the Address on Medicine, delivered at the meeting of the Canadian Medical Association, Hamilton, August 31st.)

In few cases of effusion into the pleural cavity do the signs and symptoms maintain the uniformity described in text-books. This is especially true of children, in whom there is usually little alteration in the shape of the chest, and no displacement of the heart. Bronchial breathing and bronchophony are nearly always present—a circumstance few

text-books refer to. From the retractile energy of the lung, small effusions are fixed and immovable, not changing position with movement of the patient, as is usually taught. For the same reason the upper border of dulness is not a water-line, but a curved one, with its highest point in the axillary regions. In discussing the pathology of empyema it was pointed out that all English writers, with few exceptions, teach that the cause in no way differs from that of simple pleurisy, except that there is a difference in the constitutional state. Some, however, believe that in a few cases some agency, as yet unknown, is necessary for the production of the suppurative disease. These views are in strange contrast to the advanced and decided views of German authors, who, without exception, attribute this, as well as all other suppurations, to the introduction into the pleural cavity of a specific virus. Micro-organisms are nearly always found in the pus of cases of empyema as in the pus of all acute suppurations. No other theory can account for the production of empyema. The effusion is at first thin, and nearly or wholly serous, but seldom will any means that we can adopt prevent it from becoming distinctly purulent. In the treatment, prompt removal of the pus is necessary by aspiration or free drainage. Aspiration is only applicable to children, and in them it seldom succeeds unless the pus is localized. Free incision is equally safe, and promises more certain success, and should be at once adopted in all cases, with few exceptions, even in children. A free opening was advised, with the removal of a rib if necessary, under the strictest antiseptis. Chloroform was advised in children as the safest anæsthetic. Washing out the cavity was strongly condemned as routine practice, as being usually unnecessary and a proceeding liable to be followed with the gravest danger. Many cases of death have resulted from it, so that if done at all it should be done with the greatest precautions.

The fluid contents of an ovarian cyst always contain cholesterine, which is never found in cystic fibroid.

STRICTURE OF THE RECTUM.

BY L. M. SWEETNAM, M.D., TORONTO.

(Abstract of a paper read at Canadian Medical Association, Hamilton, Sept. 1st.)

I do not intend offering this evening an essay upon the subject, stricture of the rectum, but to describe a plan of treatment which I have adopted in two cases of that disease, and with most gratifying results.

It must not be supposed, as some writers would have us do, that Stricture of the Rectum is a very frequent disease. Those who have had the largest opportunities, and the most extended fields for observation; whose acumen in the diagnosis of disease, and whose integrity is most to be relied upon; have not met with this disease as a common occurrence; yet when it does appear it brings with it so much of suffering and distress, and in so large a proportion of the cases resists our best skill, medical and surgical, that any form of treatment which promises even a fair result may justly claim our thoughtful consideration.

The following is the history of my first case:

In the early spring of 1886 I was consulted by Miss K., aged 39, for chronic and obstinate constipation. As a girl she had suffered more or less constantly from constipation. About sixteen years ago, while lifting an invalid relative, she had a sudden and very severe hemorrhage from the bowel, and, about six months later, noticed an increasing difficulty in defecation. The late Dr. Hodder, who was consulted, diagnosed rectal stricture; treated her for some months, using along with other treatment the rectal bougie, and finally pronounced the case incurable. From year to year the constipation became more and more troublesome. Purgatives, enemata and galvanism were resorted to; latterly it has been necessary to employ both the purgative and enema, whenever she wished to bring about an evacuation. In this way the bowels were moved every four or six days, causing intense suffering and prostration—so much so, that she frequently fainted during the operation, or directly after its completion; and usually remained in bed for the rest of the day. The stomach failed to perform its functions, digestion was very imperfect, the bowels fre-

quently became distended with gas, and through the thinned abdominal walls their movements were faintly discernible. This was first insisted upon by Treves as an important diagnostic sign in chronic obstruction of the lower bowel. Attacks of colic and diarrhoea, from which she had at one time suffered, were now a thing of rare occurrence. Every evacuation brought with it a considerable quantity of slimy material, but no blood. The circulation became impaired, as was shown by cold and clammy extremities, and slight attacks of palpitation on going up stairs. Headache, nervous irritation and despondency, aching of the thighs and loins, bearing-down sensations referred to the region of the uterus, added to the misery of the patient; while a dull, drawn countenance told almost constantly of great mental depression.

I suggested a rectal examination, but she had become so convinced that her condition was hopeless that she objected to any local treatment. I gave her a strong cascara mixture, which, along with an enema, gave temporary relief. A few weeks later I secured an examination, and, on passing the finger through the internal sphincter, felt the lower extremity of the stricture, giving the feeling of a fair-sized external os.

This, in the course of a few weeks, I succeeded in dilating very considerably with the ordinary cylindrical bougies, but was disappointed that this dilation was followed by no amelioration of the symptoms.

I felt that I had not yet removed the obstruction, but had no means of reaching farther into the bowel. One day, while making a digital examination, the feeling imparted to the finger suggested the use of the Barnes' bag, as employed in artificially dilating the uterus. I at once inserted a speculum, and, having placed a gum elastic catheter in the stricture as a guide, passed a small bag into position. To this I connected a large ear syringe, filled with warm water, which I forced into the bag. On withdrawing the water I found that it was possible to pass the bag on a little farther. In this way I gained several inches, and, having done so, sent the patient home, feeling that I had accomplished a good deal for one day.

This treatment I continued for several weeks, passing the bags farther up the bowel, but meeting with very little success, as far as relieving the symptoms was concerned. At last, when we had gone almost to the length of an oesophageal sound (some 18 inches), she came to me one afternoon with the agreeable news that there had been a decided improvement in the action of the bowels.

We continued the use of the bags, but matters remained *in statu quo*. The bags dilated easily, showing but little external resistance, but the operation gave rise to considerable pain, necessitating the use of chloroform.

I then placed three bags in position at once, one behind the other, and dilated all three simultaneously, and yet the result was not what I had hoped for.

In handling a distended bag one day, I noticed that all the liquid was easily displaced to one end, and that but little pressure was then exerted against the constricting fingers. I had a number of silk jackets made of different sizes, any of which would be well filled by a distended bag. I now had secured a cylindrical dilator of considerable power—one that is readily passed into the stricture after a little practice, and that exerts great lateral pressure in parallel lines without dilating the anus. These, it is generally admitted, are the requisites of a rectal dilator.

I from that time used the bags with the silk covering, and found that, although more force was required to distend the bags, the pain attending their use was less severe, and results were very much more satisfactory.

It is now more than six months since the bags were last used in either case, and there is, as yet, no evidence of any return of the trouble. The advantages of this particular form of dilator appear to be these—its simplicity—

1. It is easily placed in position.
2. The distance it may be placed into the bowel.
3. The amount of force which may be applied.
4. The small amount of risk incurred in its use.
5. All the power is directed to the dilating of the stricture.
6. No severe stretching of the anus.

7. No irritation produced in attempting to insert the instrument into the stricture.

8. The pressure is exerted in parallel lines.

9. It is economical.

10. It may be made of any desired length or diameter.

It would be a mistake to speak of this as a new treatment for stricture of the lower bowel. The same principle is employed—in a different way—in the instruments of Wall, of Washington, and Bushe, of New York. Weis, Arnott, Sir C. Bell, and a host of others have invented instruments indicating much mechanical ingenuity; but none of them have given satisfaction when thoroughly tested.

THE ANTHRAX EPIDEMIC AT GUELPH.

BY W. H. B. AIKINS, M.D.,

Pathologist to Toronto General Hospital.

(Abstract of paper read at the meeting of the Canadian Medical Association, Hamilton, Aug. 31st.)

It is a source of some annoyance to me that I have been unable to prepare the paper I had intended to read before you to-day, and which stands over my name in the programme of proceedings. It was my intention to give you an exact and detailed description of the manner in which drinking water may be examined to show the presence of the *bacillus typhosus*. The practical importance of the subject might be exemplified, for instance, in determining whether the origin of a typhoid epidemic arose from the water supply used for domestic purposes. However, during the last few days my time has been so occupied with another matter that I have been forced to forego my original intention. During the last few months there has existed among the cattle and sheep, in the vicinity of Guelph, a disease supposed to be anthrax, which has occasioned great loss among the stock. Several men, also, whose duty it was to handle the cattle, have likewise suffered, yet so far no fatal cases are reported among them. The causation of the outbreak is involved in some obscurity, but Dr. Bryce, the Secretary of the Provincial Board of Health, has made a valuable report to the Board, and is inclined to favor the supposi-

tion that the spores of the *bacillus anthracis* were introduced with foreign wool from Eastern ports in Turkey or Syria. There are several woollen factories in Guelph, which to some extent use foreign wool. The washings find their way into the river, and the cattle drinking this water and grazing on the neighboring plains, which are flooded in spring, may have thus become infected. Anthrax, when occurring in man, is invariably derived from cases of splenic fever of the lower animals, either by direct or indirect contagion. Klein does not favor the statement made by Pasteur, that in animals dead of anthrax and buried, the bacilli form spores which are taken up by earth worms and conveyed to the surface of the soil, proving again a source of infection to other animals. Indirect contagion occurs mainly in those who have had to do with the wool or hair of animals which have died of the disease. In these cases, the virus may be taken into the system by inhalation of the dust as well as by direct inoculation. Klein makes an interesting statement, namely, that in the placenta of a pregnant guinea-pig, dead in consequence of anthrax, the bacilli kept strictly to the maternal blood-vessels; and, as an offset to this, I may mention that in a fatal case occurring in a pregnant woman last year at Marburg, in Germany, the bacilli were observed in the foetal blood vessels.

The symptoms and course of malignant pustule are well known to all present, and I shall not weary you with such details. But to return to the present epidemic. An investigation into its nature having been deemed necessary by the Provincial Board of Health, I was entrusted with that part of the investigation referring to the examination of the blood, and it has occurred to me that perhaps a brief account of my work, so far as I have gone, would not be uninteresting to you.

On Thursday, August 25th, I received a small vial said to contain the blood of an animal—supposed to have died from anthrax—for biological and experimental examination. On making a microscopical preparation I noticed, under a high power, in addition to the blood corpuscles, small, rod-shaped bodies, without molecular movement, and also other smaller rods, which possessed great activity.

Cultures were made from this fluid on four prepared potatoes, also on agar-agar, and in nutrient jelly, containing 10 per cent. of gelatine. Cell slides were also made, and a peptone solution was infected by the addition of a minute quantity from the vial. The peptone solution was made from Moore & Savory's dry peptone—2 per cent., and cane sugar 1 per cent.

Three rabbits were inoculated with a minute quantity of the fluid which was placed in a small pocket made beneath the skin. Two kittens were treated in a similar manner, and also two guinea-pigs. Eighteen hours after inoculation one guinea-pig died, and, on cutting into the body, I found the lungs to be deeply congested, while the pleural cavities contained a large quantity of serous fluid which, on examination, was seen to be rich in rod-shaped bodies of uniform breadth, but varying in length. The blood of the heart and liver also showed the presence of short rods. A second guinea-pig was inoculated from this fluid and died sixteen hours later, and a third guinea-pig being infected from the second, died in ten hours. One of the guinea-pigs which was first inoculated showing no evidence of disease, the blood was examined, and as no organisms were observed, it was then reinoculated from the third guinea-pig which had succumbed, and in twenty-four hours, when in a dying condition, the blood was again examined and numerous bacilli were observed.

I have not yet progressed sufficiently far in the investigation to draw any definite conclusions regarding the virulence of the poison or the conditions which modified its action, nor can I state why the rabbits and kittens withstood its action while the guinea-pigs fell so rapidly under its influence. It has been observed that by passing the bacilli of anthrax through different species of animals they become endowed with different qualities, and that bacilli, which are fatal to some, are not fatal to all animals; for example, the blood of white mice killed by anthrax does not kill sheep. White rats seem to possess immunity from this disease, and gray rats are not sensitive to its action.

Huber found that insects play a prominent part in the distribution of the disease, and that

a fly which had partaken of anthrax-infected material was capable of producing the disease in animals, and that the dejection of the fly could be the agent in spreading the disease.

Buchner and Greenfield maintain that a continual transference weakens or modifies the action of the virus, but this opinion is not sustained. But to briefly conclude. From the appearance of the spore formation which took place in the cell slides and on potato, from the characteristic growth of the organism on potato and its typical development in nutrient jelly, from the course of the disease in the guinea-pigs, and from the appearance under the microscope of the blood in stained and fresh preparations, I was readily enabled to decide that the disease was anthrax, and was pleased to have had a confirmation of my opinion by so eminent a mycologist as Prof. Osler.

RHINOSCLEROMA.

BY G. R. McDONAGH, M.B., L.R.C.P. LOND., TORONTO.

As numerous references to rhinoscleroma have appeared of late in the foreign medical journals, it has occurred to me that a few remarks on the nature of this rare affection would not be out of place. The first case under observation in England was reported in the *British Medical Journal*, March 7th, 1885, by Semon. The patient, aged 18, came from Guatemala. The affection had commenced four years before, very gradually and without known cause. Two round firm swellings about half the size of a hazel nut filled up the nostrils. The interior of the mouth was also affected. The uvula was absent. On the soft palate was an irregular raised patch—whitish, glistening, and slightly ulcerated with fibrous bands extending in different directions. The left tonsil and anterior pillar were also implicated. Although the swellings in the nose were completely removed—under chloroform—with a sharp spoon, and the bases cauterized, they returned again after two months. This patient was examined later by Morell Mackenzie, who found the whole interior of the nose filled with new growth, and the septum destroyed from pressure. Only one example of

this disease is reported from Russia, although most of the numerous cases in Austrian literature have come from the borders of Russia. It is probable the disease occurs more frequently, but is mistaken for lupus hypertrophicus, or syphilis. A histological examination of the growths in Semon's case showed, in the skin and mucous membrane, an immigration of small-celled granulation tissue resembling new growth, through which were also a few larger, differently formed cells. The epidermis was changed, and had concentric masses which showed a superficial resemblance to the "nests" or "tubercular nodules" of epithelioma. Adjoining the described infiltration were firm masses of fibrous tissue. The whole structure was quite different from epithelioma, sarcoma, or any other recognized enlargement, and had rather a similarity to the granulation new growth of tubercle, lupus or syphilis, although it differed from that also. It was remarkable that there was a complete absence of any sign of atrophy or degeneration. On the whole, this description agrees with that reported by other observers. Geber has published three cases, and described the disease as a diffuse infiltration and proliferation of tissue proceeding from the mucous and submucous layers. Mikulicz considered it an inflammatory process of extraordinarily slow growth, which begins with a small-celled infiltration of the tissue attacked, causing the normal elements of the same gradually to disappear, and finally to lead, without destruction of the infiltrated tissue, to the formation of a more or less firm contracted mass. Frisch was the first who, having reported the constant occurrence of bacilli in and between the cells, cleared up to a great extent the question of etiology. The bacilli were to be found in great abundance in the round cells of the diseased tissue. They consisted of very short rods, sometimes slightly oval or with rounded ends, in length about $2\frac{1}{2}$ to 3μ . and $.4$ to $.5\mu$. broad. They resemble very closely the Friedlander capsule-coccus of pneumonia. The latest and best accounts of the bacilli of rhinoscleroma are those of Paltauf and Von Eiselsberg, whose first examinations extend back to the year 1884. These investigators observed,

besides their constant presence, that the bacilli appeared thin and without capsule when colored with methylene blue, whilst on coloring with anilin-gentian violet, and subsequent treatment with acetic acid and iodine solution, they presented a blue-violet colored border, resembling a capsule, the same as observed by Cornil and Alvarez. Carbol-fuchsin coloring also shows the capsule. Cultures develop very rapidly; in gelatine tubes a cloudiness is evident in 24 hours, and in agar-agar in 12 hours. All attempts up to the present to produce the disease by inoculation have failed. In one of Paltauf's experiments on a mouse, a small abscess was found eight days afterwards at the point of injection, and pure cultures of the rhinoscleroma bacteria were made from the pus contained in it. The disease may attack any part of the upper respiratory passages. As regards treatment, a lanolin ointment containing one per cent. of corrosive sublimate appears to have good effect.

CASE OF SENILE GANGRENE.

BY DR. ATHERTON, TORONTO.

Man, aged 68 years. When 17 years old had chancre, followed by some secondary symptoms, chief among which were sores on legs. After a year, never had any further manifestations of the disease. Was strong and healthy till six years ago when, after long-continued exertion in carrying a large quantity of wood up-stairs, he was seized with rather severe pain in left side of chest and corresponding shoulder. For several months he could not make any exertion, or walk fast without bringing on this pain. For some weeks he was under treatment for it in the Toronto General Hospital. He was told by the medical men in attendance on him there that they could find no disease of the heart or lung. Even up to his present illness had to be somewhat careful not to exert himself very much lest he might feel some return of old pain.

About 30 years ago had left foot and ankle badly sprained and jammed. For many years has taken spirits regularly, but seldom became intoxicated.

First visited by me on March 20th, when I received the following account of his present trouble: While walking along street five days ago he was seized with severe pain in left heel and calf of leg, which obliged him to get on a street-car and ride home. A medical man was sent for, who prescribed a liniment and what I took to be a mixture of iodide of potash. Not getting any better, the patient sent for me. I found him suffering very acutely from pain about heel and instep, running up in direction of anterior tibial artery, and also up into calf of leg. The parts in two latter situations were tender on pressure. Leg, from knee down, considerably swollen, and showing evidence of venous congestion; skin cold, although he said it felt hot and burning, and much preferred to keep limb uncovered; also declared it felt less painful when hanging down. Pulse 80, rather small and feeble; heart's action weak, but no bruit heard; not calcareous condition felt in radials, nor is there any arcus senilis; no pulsation in left popliteal or tibial arteries—very feeble, if any, in left femoral. Neither could I at this time feel any pulsation in the right popliteal or tibial vessels. Femoral arteries at groin both felt. Patient informed me that for some months back he had some aching and burning feelings in left leg and foot. Chloroform and aconite liniment was ordered and some salicylic acid pills, also to have one-third grain of morphine p.r.n.

Notwithstanding anodyne applications and opiates internally, pain continued with some remissions till April 12th, when slight gangrene appeared on inner side of second toe, where end of great toe pressed against it. No pulsation ever felt in left popliteal or tibial vessels, although it was felt at times in right popliteal artery, but never in right tibials.

Gangrene spread slowly until by May 3rd it had involved nearly the whole of the three middle toes and parts of the other two. Skin also on dorsum of foot was getting discolored. Pulse 112, temperature 99.5°. Amount of morphine has been gradually increased from one or two-thirds of a grain per day to five or six grains. I then advised amputation, but before consenting to it patient wished a consultation. A medical gentleman was therefore

called in, who decided against the operation, and nothing further was then done. For the next three weeks the patient required 12 to 15 grains of morphine hypodermically to keep him tolerably comfortable.

On May 26th, with the assistance of Drs. Burns, McPhedran, Peters and Smith, I amputated at the junction of middle and lower thirds of thigh. The femoral artery when divided was but a rigid hard cord, atheromatous, and filled with firm clot. Some calcareous matter also found in its walls. Not a drop of blood flowed from it. Nearly a dozen of enlarged collateral arteries were ligatured. Patient's temperature has never been above 99.5° since operation. Pulse has been below 100, and he has required only one-quarter to one-half grain of morphine in the twenty-four hours; union by first intention; not a drop of pus.

It is becoming more and more the rule with modern surgeons to amputate in all cases of senile gangrene, where the disease involves all the toes and has extended considerably into the foot beyond. James, of Exeter, England, was among the first to advocate early amputation in these cases, instead of waiting for a line of demarcation to form; and this procedure has been more recently ably advocated and successfully practised by Johnathan Hutchinson. The only point of dispute is now as to the point at which amputation should be performed. Hutchinson inclines to operate in the lower thigh; while others prefer, in some cases at all events, to remove the limb below the knee.

In such a case as the one presented to the Society, however, there could be little doubt that the proper course was to select the thigh operation. As regards the pain in chest, it was very probably a form of angina pectoris, due to disease of the coronary artery.

A BLOODTHIRSTY FACULTY.—On page 45 of the annual announcement of a certain medical college not many miles away, there appears the startling statement that the Council requires each student to present a certificate of having dissected the whole adult human *family*!

A PHYSIOLOGICAL BASIS FOR AN IMPROVED CARDIAC PATHOLOGY.

BY T. WESLEY MILLS, M.A., M.D.,

Professor of Physiology in McGill University, Montreal.

(Abstract of paper read at the meeting of the Canadian Medical Association, Hamilton, Aug. 31st.)

I. The views presented in this paper are such as grow mainly out of the writer's own and other recent investigations in cardiac physiology, and seem to be in harmony with the facts of clinical medicine and pathology. The principal thesis presented for the first time, and maintained in this paper, is to this effect: The nerve centres are generators and reservoirs of nerve force, which force is not only exerted through nerves during the functional action, so called, of an organ or tissue, but is *constantly* being distributed to all the tissues of the body, according to their nutritive requirements. The functional action of a tissue is but a phase in its normal life; one of a cycle of changes essential to the well-being of that tissue, and without which its continued integrity is impossible. This view renders clearer the main part of the theory, which is that there is a *constant* outflow of nervous energy to the tissues, and not alone during functional activity. It follows that functional use and the *highest* nutritive condition of a tissue are inseparable; but this view also explains why tissues do not perish outright, when not for some time functionally active, provided the centres presiding over them and the nerves distributed to them are intact; while they do degenerate in every instance when their nerves are divided. This explanation the writer would denominate the *neuro-trophic* theory, or better, the theory of *constant neuro-trophic influence*. The evidence for this view is based upon common experience as to loss of appetite under depressing emotions; the results of functional and other disorders of the nerve centres; the sequel of the section of the nerves of glands, muscle, etc. An explanation of the injurious effects on the heart of sexual excesses is given in the light of this theory. Athletic strain is intelligible only on some such view as this. We must recognize in man a *residual nerve force*, exhaustion of which is followed by lasting injury. *Heart failure*

falls under one general law for all the tissues. The explanations hitherto given generally do not go beyond the remote cause (occasion). An explanation that is only mechanical can never be final for a living organism.

Certain peculiarities in cardiac disease are rendered much more intelligible when the *order of evolution* of the different parts of the heart in the animal series is considered. The oldest parts of the heart ancestrally considered have the greatest vitality.

It is also especially important both in ætiology and treatment to remember the disproportionate development of the cerebrum in man.

II. The nerves of the heart now appear in a new light owing to recent researches. Influences from the nerve centres reach the heart either by *sympathetic* nerve-fibres or *inhibitory* fibres proper. The vagus is really a *vago-sympathetic* nerve in all vertebrates thus far examined. The cardiac accelerators contain purely sympathetic fibres. The sympathetic fibres that reach the heart, in whatever nerves found, tend to bring about destructive nutritive changes (catabolic metabolism), and so to exhaust the heart; while the inhibitory fibres affect constructive nutritive changes (anabolic metabolism).

The nerves of the heart exercise a *constant* influence over its nutrition. Section of these nerves leads to degenerative tissue changes.

The views presented in this paper are not opposed to facts, while they furnish explanations that are both real and final.

Selections.

†† We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

THE TREATMENT OF ŒDEMA OF THE LARYNX.

BY PROFESSOR L. VON SCHROETTER.

If œdema of the larynx exists, we know at once that the case requires our strictest attention. Of all things, we must be ready for the immediate performance of laryngotomy, for, even if the œdema is but slight, and the physician becomes careless, it can easily happen that

he finds a corpse on his return. I know of more than one case where the patient died in this way. If we have to do with an abscess in the neighborhood of the larynx (angina ludwigii), this must be opened as quickly as possible, whereupon, generally, a decrease in the laryngeal swelling rapidly follows. In other cases, we must determine the primary cause of the œdema. If it be Bright's disease, for instance, a warm bath and a profuse perspiration will bring relief. With regard to the local treatment, the continued sucking of lumps of ice will be found very useful. The employment of astringents is, according to my experience, quite useless, and Strübing is of the opinion that in the angio-neurotic form this treatment rather makes the condition worse. The repeated introduction of the finger into the larynx, with the object of causing pressure on the swollen parts, may, when the œdema is chiefly of the ary-epiglottic folds, be of use, and especially is it so in those cases which otherwise have the tendency to pass rapidly by. In œdema of the deeper parts of the larynx, however, this experiment by increasing the irritation rather injures. Here also will the introduction of the catheter be without much result. Scarification has, according to the anatomy of the parts, a very doubtful value. It may happen that nothing flows out. However, this can be very easily carried out with a concealed larynx knife and a few superficial incisions made in the most swollen parts, and they will be most effectual if the incisions are made from within outwards, so as to prevent the fluid running into the larynx. If these methods are not followed by the desired results, one must perform laryngotomy.—*Wiener Med. Zeitung.*

SUBCUTANEOUS INJECTIONS OF AMMONIA IN ACUTE ALCOHOLISM.—Inject under the skin—the epigastric or dorsal region—a mixture of one part ammonia with two to six parts water. Two or three minutes after the injection an erysipelatous redness is observed around the puncture, and the next morning some soreness. Glinzky has seen a patient comatose from alcohol recover consciousness within three minutes of such injection.—*Giornale Internazionale.*

AN IMPROVED ETHER INHALER.—In presenting this apparatus to the notice of the profession, I wish at the outset to disclaim any idea of misappropriation. The instrument is in principle identical with Ormsby's inhaler, the best points of which have been utilized. A practical experience of some nine years with the original apparatus has induced me to modify it, so that a compact, efficient and inexpensive inhaler could be obtained by any practitioner. The improvements are the substitution of rigid, instead of flexible metal in the face piece; the omission of the ether supply tubes, and the modification of minor details throughout.



A. Inhaler ready for use. B. Ether reservoir. C. Ether measure, showing sponge inside. 1. Air cushion, inflated. 2. Air cap. 3. Wire net basket to contain sponge. 4. Rubber bag collapsed.

To prepare the inhaler for use, when the temperature of the room is below 65°, place a small napkin or towel, wrung out of very hot water, in the face piece for a few minutes. The sponge, which should have an absorption capacity of two ounces, is soaked, squeezed dry, and placed in the wire net cone, so that every part is above the gutter. The air cushion is then fitted and *partially* inflated. Pour one ounce, by measure, of Squibb's ether on the sponge and place the inhaler on the face, with the air slot wide open. This should be closed after three or four inspirations. During the progress of an operation, fresh ether is added, as required, in quantities of four drachms. If used for half an hour, it is advisable to remove the sponge and squeeze out the moisture which has formed by condensation.—*Dr. James H. Parkinson, in Sacramento Medical Times, (instrument manufactured by Tiemann & Co).*

In chronic hiccough always suspect aneurism and carefully examine for such.

ANTISEPTICISM.

Dr. Senn, in his letter from Strasburg, makes the following remarks on antisepticism: The antiseptic treatment of this hospital is rigidly and conscientiously followed—a circumstance which certainly must come in for a great share of the credit pertaining to the remarkable recoveries after the most serious and dangerous operations. One forenoon I devoted to a visit to the gynecological and obstetrical wards, under the care of Professor Freund. The wards are in a new building only recently occupied, and located *vis-a-vis* the Surgical Klinik. The building is a model of its kind and a credit to the German Government, which has spared no expense in making it perfect as a centre for clinical teaching. Professor Freund takes a just pride in the institution which has developed into such a magnificent hospital and school for teaching under his personal supervision, and is untiring in his efforts in pointing out its advantages and modern improvements. In the lying-in department the antiseptic precautions are so thoroughly carried out that puerperal sepsis has never been known to originate in the wards. A small building, isolated from the main building, serves for the reception and treatment of infected patients from the city and the surrounding country, and here the student finds the only opportunity to study at the bedside and the post-mortem room the infective diseases incident to childbirth. There is certainly a great deal of truth in the statement made by the famous Robert Koch, in answer to my question relative to the nature of septicæmia, that this disease is beyond the grasp of the pathologist in Germany, as antiseptics had succeeded in almost exterminating the disease in that country. I sympathize sincerely with the pathologists, but rejoice at the results obtained by Joseph Lister and his followers in expunging from the catalogue of diseases one of the most fatal and fearful complications of the obstetrical and surgical wards. In the face of these facts who can doubt any longer the efficiency of antiseptic precautions in preventing infection? Who will dare to ridicule the honest, conscientious surgeon and obstetrician in his efforts to protect his patients against infection? Who will have the courage

to recommend a pad of infective germs as a safe dressing for penetrating wounds of the abdomen? Let history, science, and the combined experiences of thousands of honest physicians and surgeons answer these questions. —*Journal of American Medical Association.*

REMINISCENCES OF AN OLD PHYSICIAN.—They call me "the *old doctor*." Of course, my long white beard and the scant thatch on my head bear witness to the veracity of the term; and I have but to look at my stalwart grandsons to be fully assured that the adjective applies to me; nevertheless, I fancy that a spice of irony is implied in it. The go-ahead men of the present generation consider me out of date entirely—my ideas antiquated and obsolete. Well, I should not wonder if they are; for I suppose no branch of science has made such rapid and wonderful strides as that connected with the profession to which I have the honor to belong. No doubt, I am of the old school. I am resting on my oars now. The strife and struggle of life are over for me; and as I sit at my ease in my old armchair, memory takes me back to the past. I think of my student days, and I see before me those grand men whose footsteps first beat into the track which has led to the present heights of research and of discovery. Abernethy was one of those splendid pioneers. I think I see him as he used to lecture at St. Bartholomew's; small of stature, nose *retroussé*, eyes small, dark, and restless, gleaming alternately with wit and humour, or lit up with ineffable tenderness. A face comical and satirical, if you will, but full of expression; and crowned with a raised tuft of well-powdered hair, ending in a long queue. He was among the last of the pigtails. Then, to add to the quaintness of his *tout ensemble*, he had a knack of thrusting one hand into his breeches-pocket while he gesticulated with the other. No lecturer in London could rivet the attention of his pupils as he did, so lucid were his descriptions, so powerful his language, so dramatic his action. Abernethy was far from being the coarse man that some of the clumsy imitators of his naive brusqueries would lead one to imagine. True, he would launch his little winged darts of satire ruth-

lessly at the manifold affectations of self-indulgent invalids; he had small sympathy for such; and no regard for rank or wealth of themselves. But when his feelings were enlisted, when called on to witness real suffering, real distress, who so kind as he? And then, when poverty was superadded, the recording angel alone might tell of his benevolences.

Although a great admirer of Abernethy, the hero of my boyish worship was Sir Astley Cooper. The lives of these two great luminaries for long years ran parallel. With Sir Astley I came more into personal contact; and assuredly he was the first surgeon of his day and generation. He was President of the College of Surgeons when I went up for my examination for membership. I had just gone through the fiery ordeal, and was drawing my breath triumphantly, when Sir Astley, using his privilege as President, called my attention: "Describe to me, sir, the origin and distribution of the fifth pair of nerves." I quailed for an instant, taking in, as one does at such moments, the whole beauty of his magnificent physique; then gathering up my somewhat scattered senses, I answered slowly, deliberately, and I trust also clearly, for I heard him say "Capital!" No word of praise, either before or since could have the electric effect of that trisyllable. It was positively intoxicating. My fortune seemed to be made from that moment.—*Chambers's Journal*.

INDICATIONS FOR THE USE OF NITRO-GLYCERINE.—The value of nitro-glycerine in various diseases, as angina pectoris, hemicrania, and neuralgia, and also in sea-sickness, certain forms of anæmia, etc., depends on the existence in these of an irregular distribution of the blood. This abnormal condition may be recognized by a certain grade of pallor of the skin, especially of the face, an appearance co-existent with a weak pulse and small radial arteries, hard and frequently situated at a certain depth. When, on the contrary, the headache and neuralgia occur in persons with chronic congestion of the subcutaneous vessels of the face nitro-glycerine is contra-indicated: and similarly it should not be used in asthma when the

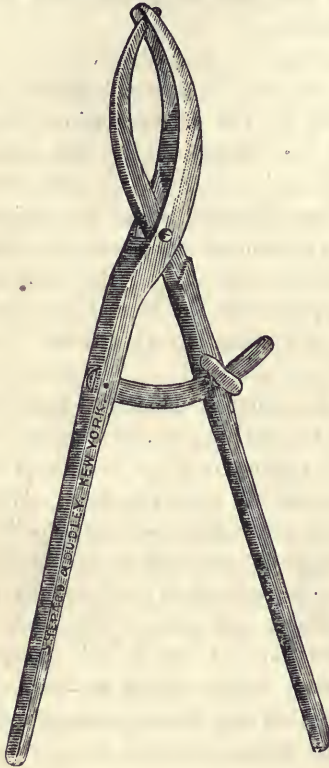
face is congested from the effects of the emphysema. Thus it may be said that the best therapeutic results from nitro-glycerine may be obtained in those cases in which angina pectoris, neuralgia, etc., are associated with pallor of the countenance.

The condition of the pulse is the best indication for the use of nitro-glycerine and the safest guide for the determination of the time in which one should begin the cure. The smaller the radial artery is, so much the more rapidly does it dilate under the influence of the drug, and so much the less are the secondary effects produced by it; on the contrary, the fuller the pulse and the more tense the radial artery, so much the less this resents the influence of it.

When the pulse is small the usual dose of one drop of a one per cent. solution is sufficient, while if the pulse is large two drops may be required to obtain the full effect. When the radial is soft and the pulse weak, smaller doses should be given, one-half to one-fourth of a drop. The sensations experienced by the patient, throbbing and pain in the head, as well as the distension of the radial artery under the observer's finger, should be the guide for the increase of the dose.—*Giornale Internazionale delle Scienze Mediche*.

AMERICAN PHYSICIANS.—A doctor, in America, is very apt to have been a traveller, and, being an American, to have seen a great deal that the ordinary traveller misses. His knowledge of the inside of his fellow-creatures seems to assist him in observing facts connected with their external environment; he is comparatively free from prejudices, and his opinions upon things in general are dictated by solid common sense. His professional training tends to sharpen his insight into human nature, and, if his own nature be social and humane, he forms many agreeable acquaintances in all parts of the world. In the seclusion of his rural study, shadowed by the elm tree on the lawn, and rendered fragrant by the lilac bush under the window, he cons over the latest discoveries of science, and meditates wisely and discriminatingly upon politics, literature, and art.—*Medical Register*.

EASTMAN'S PEDICLE CLAMP. — Eastman's clamp has many advantages over others used for this purpose. Being simple in construction, it cannot get out of order, and pressure can be



so firmly applied to the pedicle, that it is almost impossible for it to slip, an accident which has frequently occurred. The instrument is manufactured by Shepard & Dudley, 150 William St., New York.

PATHOLOGICAL SIGNIFICANCE OF VENOUS MURMURS.—Venous murmurs perceptible in the internal jugular vein depend upon the age of the subject, and are less frequently met with as age advances. Venous murmurs, which are heard when the head is turned to the opposite side, ought not to be attributed to anæmia, but are physiological events. Venous murmurs, loud and continuous, which are heard when the head is erect, in individuals of middle age (between 20 and 60 years) have a certain pathological significance, yet in general they are not to be considered pathognomonic of anæmia. Venous murmurs possess no special diagnostic value in chlorosis, or in other anæmic states.—*Revista Clinica*.

CASES OF SEWER-GAS POISONING.—The author reported in detail the histories of twenty-nine cases coming under his observation, in which various diseases appeared to have been due to the inhalation of sewer gas. He thought it probable that the following diseases may result from severe gas poisoning: vomiting and purging, separately or combined, general debility, fever, sore throat of a diphtheritic type, neuralgia and perhaps, also, myelitis of the anterior horns. These conditions are frequently combined. Fever is frequently associated with the other symptoms. There is one group of symptoms which is almost always present, that is loss of appetite, extreme prostration and pain in the head. When this occurs as a chronic condition we are justified in suspecting that the patient is suffering from sewer-gas poisoning.—*Dr. Hun at the Association of American Physicians*.

A GOOD DISINFECTANT is made by dissolving half a dram of nitrate of lead in a pint of boiling water, then dissolve two drams of common salt in eight or ten quarts of water. When both are thoroughly dissolved, pour the two mixtures together, and when the sediment has settled you have a pail of clear fluid, which is the saturated solution of the chloride of lead. A cloth, saturated with the liquid and hung up in a room, will at once sweeten a fetid atmosphere. Poured down a sink, water-closet, or drain, or on any decaying or offensive object, it will produce the same result. The nitrate of lead is very cheap, and a pound of it would make several barrels of the disinfectant.—*Scientific American*.

ITCHING OF THE VULVA.—A contributor to the *Union Médicale* credits M. P. Ménière with the following formula:

Zinc oxide.....	6 parts;
Potassium bromide.....	10 "
Extract of Indian hemp.....	2 "
Glycerite of starch.....	30 "

The application should be preceded by the use of lotions of very hot linden-flower water (distilled from the flowers of the *Tilia europæa*). When there is acne of the vulva, black soft soap should be applied for half an hour at a

time, morning and evening, followed by bathing with a strong infusion of black tea as hot as can be borne.—*N. Y. Medical Journal*.

THE MICROBE OF CANCER.—Domingo Freire has found in the blood of cancerous patients zooglea masses, which grew in gelatine cultivations, between 37° and 40° C., giving rise to bacilli somewhat resembling those found in typhoid fever. Without stating precisely whether or not he had cultivated a single species of micro-organism, he was of the opinion that his specific cancer germ passed through two phases in its evolution. The first represented by the micro-cocci, united into zooglea masses, and the second, more advanced, constituted of the bacilli, which, according to the author, can only develop outside the blood medium, yet which are met with in the cancer juice which bathes the ulcers. He inoculated guinea pigs with his cultivations, and found, one month afterwards, a voluminous tumor, which, on microscopic examination, appeared to be of the nature of encephaloid cancer. Finally he had succeeded in attenuating this cancerous virus, by passing through a series of birds, so that animals inoculated with the attenuated virus acquired immunity from the strong virus.—*Revista de Ciencias Medicas*.

Therapeutical Notes.

Pilocarpine aids very materially the absorbent properties of the iodides and mercurials.

HEMOPTYSIS.—Subcutaneous injections of $\frac{1}{12}$ th to $\frac{1}{200}$ th of a grain of sulphate of atropine is highly spoken of in obstinate cases of hemoptysis.

TO DISGUISE IODOFORM.—

R Balsam canadensis ʒi.
Iodoform ʒi.
Vaseline ʒvi.
M. Solve.

ERYSIPELAS.—Von. Nusbaum recommends an ointment of equal parts ichthyol and vaseline as the best application in erysipelas of the trunk and extremities. For the face he uses ichthyol collodion and for the scalp ichthyol soap.

FOR ITCHING PILES.—

Tr. capsicum 1 part.
Spts. turpentine 2 "
Spts. camphor 3 "
Decolorized iodine 3 "

M

Dr. J. Rennie Stuff, in the *Indian Medical Gazette*, extols the use of cannabis indica in the form of electuary combined with bismuth acacia, tincture of ginger, cardamoms, and chloroform, in subacute and chronic dysentery.—*Lyon Medical*.

FOR URTICARIA.—(N. Gueneau de Mussy).—

R Jaborandi pulv. 10 centigrammes.
Extract of guaiacum.. 10 "
Benzoate of lithia.... 20 "

M. ft. pil. Sig. Two daily, to be increased to four.—*L'Union Medicale*.

CANCER.—Dr. Peter Hood has obtained very satisfactory results from the use of carbonate of lime in the form of calcined oyster-shells as a means of arresting the growth of cancerous tumors. Dose 20-30 grains two or three times daily.

PUERPERAL ECLAMPSIA.—Pilocarpine hypodermically, 15 drops of a 2 per cent. solution, is highly recommended in puerperal eclampsia. Salivation and profuse sweating ensue, and the convulsions cease. The injection is repeated as required.—*Revue des Maladies des Femmes*.

VULVAR PRURITUS.—

Tinct. of opium 8 grammes.
Bicarbonate of soda..... 8 "
" potash 4 "
Glycerine (neutral) 6 "
Water 25 "

M. ft. lotio. —*L'Union Medicale*.

FOR GREEN DIARRHŒA OF INFANTS AT THE BREAST.—

R Acid lactic. 2 grammes.
Simple syrup..... 98 "
Essence of lemon..... 1 drop. M.
Filter. Dose, 2 to 3 coffee spoonfuls daily (3 3 to 3 4½).—P. Vigier, in *Journal de Med. de Paris*.

TO DISGUISE CASTOR OIL.—

R Saccharate of casein...	q. s. to emulsify.
Castor-oil	15 grammes.
Cherry laurel water...	5 "
Distilled water	100 "

The casein should be absolutely pure, and a small quantity of bicarbonate of soda and sugar added.—*Lyon Medicale*.

RAPID REVULSION.—Rapid intense counter-irritation, even to vesication, can be obtained by simple tincture of iodine, by saturating a wad of cotton batting and applying, as large as is desired, in contact with the skin for ten or fifteen minutes. In this manner the iodine may also act favorably by absorption.—*L'Normandie Med.*—*Lyon Med.*

HEPATIC CONTRACTION.—Bromine in doses of five drops of the following solution—bromine, 10 drops; water, 1 ounce—given thrice daily in distilled water, increasing one drop daily as long as tolerated, and is highly recommended by Prof. J. S. Jewell, of Chicago, in hepatic contraction. Its action is slow, and must be continued some months.

NIGHT-SWEATS OF PHTHISIS.—Rebory administers the tricalcic phosphate in one to four drachm doses in night-sweats, and considers it of incontestible utility. It is not toxic, well borne by the stomach, stimulates nutrition, is remedial in diarrhoeal conditions, and can be continued for a long time with benefit to the health.—*Le Moniteur Therap.*

GONORRHOEA.—Prof. Goll, of Zurich, recommends as an injection in acute gonorrhoea or gleet, sulphate of thalline in 2 to 2½ per cent. solution, used 2 to 4 times daily. He believes in this way vesical complications and epididymites are prevented. In gonorrhoeal cystitis 5 grains of thalline are given every 3 or 4 hours.

At a meeting of the Medical Society of Rheims, M. Weill reported a case of measles, complicated with broncho-pneumonia, in which there occurred suppurating myositis of the recti muscles of the abdomen. As in typhoid fever,

or any other infectious disease, there occurs occasionally rupture of the muscle with hæmorrhage, caused by violent coughing, followed by inflammation resulting in suppuration. The temperature curve corresponded to the three stages of the disease, the eruption, broncho-pneumonia, myositis.—*Gaz. Med. du Nord-Est*.

FOR SPONGY GUMS.—

Tincture of pyrethrum....	15 grammes.
" guaiacum	4 "
" myrrh	4 "
" opium	4 "
" poppy	q.s. to color.

Apply to the softened and colorless gums morning and evening.—*L'Union Medicale*.

COMPOUND CREASOTE WINE.—

Creasote.....	13 grammes.
Tincture of gentian...	30 "
Alcohol	250 "
Sherry wine	q. s. to a litre.

Two or three tablespoonfuls daily in pulmonary phthisis when the temperature is under 38.5 C.—*Revue Gen. de Clin. et Therap.*

ANTI-GOUT COLLODION (Monin).—

R Flexible collodion.....	15 grammes.
Sulphuric ether.....	15 "
Acid, salicylic	4 "
Chlorhydrate of morphine.	1 gramme.

Apply every hour to the great toe. The pain soon ceases, without the swelling diminishing, and consequently there is no danger of metastasis.—*L'Union Medicale*.

ANTISYPHILITIC OINTMENT.—

Turpeth mineral.....	3 grammes.
Lard	30 "

Useful to remove the thick crusts of impetigo, ecthyma, rupia on the heads of syphilis. The crusts are to be covered in the evening with a layer of lard, and a linseed poultice and cotton batting applied over this. In the morning the crusts softened are carefully removed and the turpeth ointment applied with gentle friction in small quantities twice daily. If ulceration be present, a small piece of lint with turpeth is to be applied.—*L'Union Medicale*.

CAMPHORATED BISULPHIDE OF CARBON.—

Chiron considers a saturated solution of carbon bisulphide the best remedy for lumbosacral neuralgia. It is applied with a brush to the painful region, or is painted upon the skin overlying the lumbar spines or sacrum. He has seen uterine hemorrhages, going with this painful condition, cease after one or two applications.—*Le Moniteur Therap.*

GUAIACUM AS AN EMMENAGOGUE.—In amenorrhœa, not depending on other disease or mechanical cause, Sayer prescribes guaiacum, 50 centigrammes of the resin in a glass of milk in the morning for several weeks. If cramps or purgation ensue it is to be suspended for a time. During painful menstruation give a drachm of ammoniacal tincture of guaiacum every 3 hours.—*Lyon Medical.*

DRY SEBORRHOEA OF THE SCALP.—Dr. Vidal.

- R Precipitated sulphur... 15 grammes.
 Castor oil..... 50 "
 Cocoa butter..... 12 "
 Balsam of Peru 2 "

Mix thoroughly the sulphur and castor oil, incorporate with gentle heat the cocoa butter, and add the balsam of Peru. Apply morning and evening.—*Nouveaux Remedes.*

ETHOXYCAFFEINE.—The following formula is recommended as palatable and well borne by the stomach in cases of migraine:

- R Ethoxycafféine..... gr. v
 Salicylate of soda..... gr. v
 Chlorhydrate of cocaine gr. ii
 Flaxseed water..... 3 ii
 Syrup of maiden hair 3 v

M. To be taken at one dose.—*Journal de Med. de Paris.*

ETHEREAL TINCTURE OF PHOSPHORUS.—Dr.

Rocha Faria has given successfully the tincture of phosphorus, in doses of 5 to 12 drops in a cordial of 2 drachms, to three children from six months to six years of age. These children were suffering from asphyxia, with cold extremities; cyanosis frequent and thready pulse. The remedy, together with frictions, sinapisms, and oxygen inhalations proved successful.—*Lyon Medical.*

ITCH OINTMENT.—

- R Flowers of sulphur... 50 grammes.
 Carbonate of soda .. 25 "
 Gum tragacanth.... 0 gr. 50 centigram.
 Glycerine..... 100 grammes.
 Essence of bergamot. q.s.

Apply after thorough washing with soap and bathing. Change the clothes and bedclothes. After a second bath apply starch powder or glycerole of starch.—*L'Union Medicale.*

FOR PERTUSSIS.—

- R Ext. cannabis Ind..... 1 gramme.
 Ext. belladonna ½ "
 Alcohol absolute..... 5 "
 Glycerine 5 " M.

For children of 8 to 12 months, 4 to 5 drops; 1 to 2 years, 5 to 8 drops; 2 to 4 years, 8 to 10 drops; 4 to 8 years, 10 to 13 drops; 8 to 12 years, 12 to 15 drops; above 12 years and for adults, 15 to 20 drops.—*Lyon Medical.*—*Centralblatt f. Kl. Med.*

IMMEDIATE CURE OF LUMBAGO.—M. Sée reports the following case: A man, aged 42, was admitted to the Hotel Dieu on June 24. For four days he had suffered from lumbago—could not sit, and once in bed could not raise himself; his fingers and toes were also swollen. After a hypodermic of 50 centigrammes of antipyrine the lumbago completely disappeared and did not return. The hypodermic was continued morning and evening, and 3 grammes daily given internally. The action of the remedy on the fingers and toes, though not immediate, was very rapid, and the man recovered quickly.—*Gazette des Hôpitaux.*

UNILATERAL LOCOMOTOR ATAXIA.—M. Bertoye records the case of a weaver, non-syphilitic and not an alcoholic, in whom the right arm and leg were affected. The disease commenced suddenly five years before, with plantar anæsthesia and muscular inco-ordination of the right leg. The right arm was next attacked. The muscles of the limbs were not paralysed, atrophied nor contracted. The absent patella reflex contrasted with that of the opposite side. M. Bertoye remarks that cases of locomotor ataxia are recorded as following excessive mus-

cular fatigue or sexual excesses. Alteration of the nervous functions always commenced by disorders of innervation in the overworked organs. The loss of patella reflex was not wanting in this unilateral ataxia.—*Lyon Med.*

PYROGALLIC COLLODION.—

R Acid pyrogalllic
 Acid salicylic.....
 Collodion

Keep in a dark bottle. This collodion is recommended for psoriasis. After removing the scales by prolonged bathing, the collodion is spread over the plaques so as to cover the skin beyond the edges a centimetre. This application is renewed every two or three days, or, if necessary, daily, the preceding layer being removed at each dressing. If the eruption be general, it is attacked in sections. No dermatitis or pigmentation results.—*L'Union Médicale.*

ECZEMA AT THE MENOPAUSE.—M. Oheron recommends the following treatment:—

1. Take at each meal, in colored water, a coffee spoonful of the following:

Arsenate of soda..... grains vii
 Distilled water..... $\frac{3}{4}$ v.

2. Take twice a week as a purgative:

Citrate of magnesia $\frac{3}{4}$ i- $\frac{3}{4}$ i ss.
 Syrup of gooseberries $\frac{3}{4}$ i.
 Water q. s.

To be taken in two doses, at 15 minutes interval. Diet—Vegetable soup or weak tea, after the first stool.

3. Apply very gently every night this ointment:

White precipitate gr. xv.
 Vaseline..... $\frac{3}{4}$ i.
 Essence of roses..... m ii.

4. Every eight or ten days inject, subcutaneously, six to ten drops of

Nitrate of pilocarpine..... gr. ii.
 Distilled water $\frac{3}{4}$ i.

This is contra-indicated if there be disease of the heart or large arteries.—*Revue des Maladies des Femmes.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

All exchanges, etc., may be addressed to Dr. W. H. B. Aikins, 68 Gerrard Street East.

TORONTO, SEPTEMBER, 1887.

THE DOMINION MEDICAL ASSOCIATION.

The twentieth annual meeting of this Association, which has recently taken place in Hamilton, passed off very successfully. The attendance was larger than at the two previous meetings, and the programme was carried through with a good deal of spirit. The introduction of the new mode of procedure, the reading of addresses instead of the report of committees, was found to work well. It will be necessary in future years to extend the meetings over three days, so that all the papers may be read and properly discussed. Under the plan just adopted the Association remains longer in general session, and shorter time is given for section work. It has also been suggested, and with much force, that there should in future be a section for Obstetrics and Gynæcology. There is no reason why there should not be a section for this department as well as for Medicine and Surgery.

The presence of Dr. Granville Bantock, President of the British Gynæcological Association, added very much to the interest of the meetings. His address on Abdominal Surgery was a very able one. His marvellous success in this department, together with that of his colleagues, Tait and Keith, marks an era in the history of medical science.

It was universally regretted that Dr. Osler did not read his paper on "The Cardiac Relation of Chorea." He was compelled to leave on the afternoon of the second day. As Dr. Osler had spent much time in

making the original investigation into this subject, the paper would no doubt have been a very interesting one. It will appear in the October number of the *American Journal of the Medical Sciences*.

Dr. Ross, of Montreal, was elected President for the coming year. He is eminently fitted for the position and deserves the recognition, as he has for years been one of the most faithful workers in the interests of the Association.

THE SUMMER VACATION.

In these days of excessive work and intense business worry it is frequently a matter of the greatest importance for the business or professional man to decide where he is to spend his brief holiday of three or four weeks. A good rule to follow is to get as thorough a change as possible. The inhabitant of a large city should leave his business anxieties at home, and go to the woods, where letters and telegrams cannot reach him. He should spend his vacation where he will find plenty with which to occupy himself, and have sufficient muscular exercise to give an appetite and assist in assimilating his food. He should find a place which is absolutely free from malaria. Any reading which he may do should be light, such as historical and biographical works of an interesting character. It is very doubtful if any mental rest is obtained by reading novels of the Haggard type. He should not engage in excessive physical work.

All the requirements mentioned are possessed by the extensive region in the northern part of this Province. The innumerable lakes afford facilities for boating and fishing; the small amount of soil on the granite rock probably prevents the growth of malaria; the air is exhilarating, and the absolute purity of the water, all give this district a character possessed by few others. The water, which is almost as pure as if distilled, has an excellent effect in some urinary disorders.

The system, which is now so much in vogue, of forming temporary villages and towns where families can spend their vacation, is, in our opinion, fraught with many dangers, and in most cases to be deprecated. These places are usually first instituted by speculators, who

buy the land *en bloc* and sell it in lots to those who will build cottages on them. In some instances the location has been chosen on the lake shore, which, if not itself malarial, is not far distant from malarial regions. Cottages are then built close together, sometimes without any sanitary system, so that in a few years the soil may become saturated with decomposing animal and vegetable matter. In addition to this, frequently a large hotel is built; and in order to prevent the mind from enjoying any rest whatever, an auditorium holding thousands of people is constructed, where the weary in body and mind crowd themselves together, breathe impure air, and become excited—pleasant or annoyed, as the case may be—by listening to a popular lecturer, who is usually well paid for his efforts.

We confidently assert, that the over-worked business or professional man who thus spends his vacation is making a sad mistake; that he will return to his work little benefited, and will engage in the battle of life the ensuing year at a great disadvantage. The inhabitant of small towns and country districts, who at home lead a quiet, unexciting life, may be benefited by spending a short time in such places, but to those who live in large cities the whole system is, in our opinion, a delusion and a snare. It may tend to elevate the intellectual and moral nature of the race, although this is scarcely possible, when the physical development is to such an extent lost sight of.

ANTIPYRIN IN THE TREATMENT OF RHEUMATISM.—Dr. N. S. Davis, in the *Journal of the American Medical Association*, comes to the following conclusion on the treatment of rheumatism by antipyrin: (1) It is as efficacious as the salicylate of soda, producing similar therapeutic results, and is less nauseous than the latter, and does not produce headache or ringing in the ears. (2) Usually it acts most efficiently in the most frankly acute cases. (3) Besides reducing by its antipyretic properties the fever, and also the pain, it reduces the pain by acting directly upon the nervous system. He administered the drug in fifteen grain doses, giving it at the height of the disease every four hours, and lessening the frequency of its repetition as improvement occurred.

MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

The scheme for the establishment of a medical faculty in the University of Toronto has been completed in all its details, and we learn, from the official announcement recently issued, that the regular course of lectures for the winter session will commence on Monday, October 3rd, when the opening lecture will be delivered. We are pleased to know that the new faculty is likely to receive cordial sympathy and support from both the profession and the public.

Although opinions may differ as to details, there is practically no opposition to the main features of the scheme, excepting on the part of a few who are not friendly to the University. Starting under such favorable auspices nothing can prevent its success, excepting incompetency on the part of the teaching staff. We have neither space nor inclination for a discussion of the merits of the individual members of the faculty.

We have simply to hope that they will prove worthy of the positions they are to occupy. If so, well and good; if not, let the Senate see that they are replaced by better men. As a matter of fact, the Senate of the University cannot afford to have anything like a failure in connection with this undertaking. Those of its members who have taken special interest in the scheme are, we believe, thoroughly in earnest, and will not be satisfied until the medical faculty becomes at least one of the strongest departments of the University.

INTERNATIONAL MEDICAL CONGRESS.

The meeting of the Congress, which commences in Washington, September 5th, will certainly be a good one, as far as numbers are concerned. The profession at home and abroad will be largely, if not well represented. That it can be an unqualified success is simply out of the question. Many able men, comprising, to a large extent, the cream of the profession of the United States, were actually kicked out of the Organizing Committee by an ill-mannered, sore-headed, sectional clique, at New Orleans, acting under the auspices of the

American Medical Association, and they have literally and emphatically stayed out of the concern altogether.

The great mass of the prominent men of the cities of Philadelphia, Boston, New York, Baltimore, and other places, will be conspicuous by their absence. This fact is well known in the older countries, and has had a chilling effect. We in Canada feel the effect of this blight, in what should have been, in many respects, the grandest Congress of medical men that the world has ever seen. We love our professional brethren of the United States; we rejoice with them in their prosperity, and mourn with them in their misfortunes. We sympathize with many worthy officers of the Congress who are honestly endeavoring to atone for the fatal errors of the unwise few, and any measure of success attending the meeting will be a source of pleasure to us, but at the same time the absence of many whom we honor and respect, with the results necessarily following, will ever be a source of bitter grief.

BACILLUS OF TYPHOID IN WATER.

Since Eberth published the results of his investigations, in 1883, upon the etiology of typhoid fever, and carefully described the micro-organism which is the etiological factor in the propagation of this disease, numerous pathologists have followed in the same line of work, adding to the life-history of the germ, and confirming by personal observations the conclusions of Eberth, that there is a specific and demonstrable agent in each and every case of typhoid fever, and the bacillus typhosus may now be looked upon as an accepted fact.

Chantemesse and Vidal on three occasions discovered these organisms in the water of the Seine, which was stored in a reservoir for drinking purposes. They also demonstrated the presence of this bacillus in the water of a well at Pierrefonds, not far from Paris, which had caused an outbreak of fever; and Thoinot, last March, took water from the reservoir of Villejuif, and without difficulty obtained the characteristic bacillus of Eberth and Gaffky. Hochsetter examined the soda water from different manufacturers and found all to be extraor-
dinary.

arily rich in bacteria. The calculation was made that in one cubic centimetre of this water there were between 73,000 and 75,000 bacteria. He impregnated the water with pathogenic bacteria and found the duration of their existence varied greatly, from a few hours up to several weeks. The typhoid bacillus retaining its active properties from five to seven days. Seitz found this microbe in the urine of typhoid patients—a fact of deep practical interest—and we would urge the necessity for a thorough disinfection of the discharges from the bladder as well as those from the bowels.

THE WOMAN'S MEDICAL COLLEGE, TORONTO.

Four short years ago the Woman's Medical College was started in Toronto as an experiment to meet what was considered by its founders to be a growing demand. The process of time has demonstrated beyond cavil the success of the experiment, and proved the wisdom and foresight of its founders.

Beginning with three regular students, each year has seen the number increase, and now there are fifteen regular students and a largely increased inquiry for the ensuing term. The students are hard-working, industrious, and apparently fond of their chosen profession.

The faculty has increased in size to keep pace with the demands for practical teaching. The course is that prescribed by the Council, and in addition, special courses on matters which may come within the particular province of female practitioners are delivered during the session.

The opening lecture of the fifth session will be delivered on the 3rd October, by Dr. McPhedran, the newly-appointed Dean.

THE ST. ANDREW'S AMBULANCE ASSOCIATION.

This Association was founded in Glasgow in 1882, and has therefore been in existence five years. The objects of the Association are:—

1. By means of "First-Aid Classes" to impart a knowledge of the proper aid to be rendered in cases of accident and sudden illness before the arrival of a medical man.
2. To secure the

safe removal of the patients to the nearest hospital, or to their own homes, by means of an ambulance transport. This includes light-folding stretchers, well furnished knapsacks and ambulance waggons.

One of these waggons, constructed on the most improved principles, with sling stretchers and india-rubber tyres on its wheels will shortly be placed at the disposal of the Toronto General Hospital through the generosity of Mr. John Ross Robertson, of the Toronto *Telegram*, who is at present in Scotland, where he has selected and purchased the largest and best that is made under the auspices of the Association.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The greatest of all Medical Societies is the British Medical Association, which numbers over 11,000. The annual meeting this year was held in "dear dirty Dublin," commencing August 3rd. The proverbial Irish hospitality was extended to the visitors in the most cordial manner, and made the meeting an exceedingly enjoyable one. A great deal of useful work was done in the various sections, and some of the papers read and discussions following were very able.

This is the fifty-fifth annual meeting of this great Association. There were about 1,000 present; among them being many distinguished foreigners. Next year the meeting will be held at Glasgow under the presidency of Professor Gairdner.

THE PROFESSION OF ONTARIO.

From the recent register of the College of Physicians and Surgeons of Ontario we learn that there are 2512 names on the list of licensed doctors. Of these, a certain number practice outside the Province, leaving 2200 legally qualified practitioners in Ontario, or about 1 to every 900 inhabitants. During the last five years 593 have been added to the register, while the deaths among the members have amounted to 137.

These statistics show that the supply is not likely to run short. Some indeed think the supply will soon be far in excess of the demand.

If so, what then? Will the doctors starve, or will the public come to the rescue with some new diseases? The question is perplexing some of our friends. To any seeking locations we may say there is a good opening in Toronto. There are several corners still unoccupied by physicians.

The directors of the Maternity Hospital, of Winnipeg have, we are informed, decided to abolish it as a distinct institution, and in its place provide a lying-in ward to the General Hospital, which is now under the able superintendency of Dr. E. B. O'Reilly.

Meetings of Medical Societies.

THE DOMINION MEDICAL ASSOCIATION.

The Twentieth Annual Meeting of this Association took place in St. Paul's school-room, Hamilton, on August 31st and September 1st.

At 10 a.m. Dr. Holmes, of Chatham, took the chair. He made a short address, after which he introduced the new President, Dr. J. E. Graham.

Dr. McCargow, the chairman of the local committee, then read an address of welcome, and extended to the visitors an invitation to a conversazione to be held that evening.

The President replied, accepting on behalf of the Association the kind invitation given.

After the ordinary routine business had been disposed of, the Association adjourned until 2 p.m.

In the afternoon Dr. McPhedran delivered the address on Medicine; subject:

THE PATHOLOGICAL CONDITIONS AND BEHAVIOR OF FLUID IN EMPYEMA.

See page 275.

Dr. Mullin, of Hamilton, opened the discussion. He dwelt principally upon the difficulty in some cases of making a diagnosis between pneumonia and empyema. This is especially the case in the earlier stages. He cited some cases which occurred in his own practice to illustrate the point brought forward.

Dr. Sheard, of Toronto, referred to the cases

mentioned by Dr. Mullin, and was of opinion that both conditions might have been present. The illness might have commenced with a pneumonia and terminated in empyema; at least that was the conclusion he had arrived at from the study of cases similar to that mentioned by Dr. Mullin. He spoke of the temperature chart as a most important element in the diagnosis of empyema.

Dr. Teskey, of Toronto, combatted the germ theory in this disease. He was of opinion that pus was simply necrosed exudation, the result of severe inflammatory process, and that the presence of bacteria was not required to explain its presence. He was averse to the use even of the hypodermic syringe in exploring the chest, except in those cases where the diagnosis could be made in no other way. He thought that even so light a traumatism as the introduction of a syringe might determine the destiny of an exudation. One which might have remained sero-fibrinous could in this way become purulent.

Dr. Whiteman, of Shakespeare, made some further remarks on the diagnosis between pneumonia and empyema.

The President, Dr. Graham, then read the

ANNUAL ADDRESS.

It will be found in another part of this number.

The address on Surgery was then delivered by Dr. Grasett; subject:

OBSTRUCTED URINARY OUTFLOW.

It will be found also in this number.

The discussion which followed was conducted by Dr. Hingston, of Montreal, and Sir James Grant, of Ottawa. They both referred to the importance of the subject, and gave illustrations from their large practical experience.

MEDICAL SECTION.

KNEE-JERK IN DIPHTHERIA.

Dr. R. L. MacDonnell, of Montreal, read a short paper on this subject, in which he stated that of 18 severe cases of diphtheria which he had under his care in the Montreal General Hospital, the knee-reflex had been absent on the day of admission in 10 cases. He also related the history of some cases where the absence of knee-jerk was the only symptom of diphtheritic

paralysis present, and also where it preceded other nervous symptoms, and remained persistent after they had quite disappeared.

The conclusions arrived at were: (1) That in a considerable number of cases knee-jerk is lost from the first beginning of the disease, and thus affords a valuable means of the diagnosis of the nature of the throat affection. (2) That loss of knee-jerk is the first evidence of the disease having attacked the nervous system. (3) Absence of the knee-jerk has no influence on the prognosis.

Dr. W. H. B. Aikins followed with some notes on

THE ANTHRAX EPIDEMIC AT GUELPH,
which appear on page 278.

SURGICAL SECTION.

Chairman, Dr. Bray, of Chatham.

Dr. Archibald Malloch, of Hamilton, read a paper entitled

REPORT ON NINETEEN CASES OF TRACHEOTOMY IN DIPHTHERITIC CROUP.

He strongly advocated early operation, preferring the high operation to the low; urged the frequent washing out of the tube with a solution of soda carb., using a feather as a means, and following this by a wash of corrosive sublimate. The statistics of the nineteen cases bore out his arguments in favor of early operation. The paper was well received.

In discussion of the paper, Dr. Atherton, of Toronto, believed that where the pharyngeal and nasal trouble was considerable, the membrane would be so far advanced into the larynx that there would be little hope from the operation. He advocated the operation only in the following cases: (1) Where the laryngeal affection comes on gradually, with slight pharyngeal and nasal obstruction. (2) To secure euthanasia.

Dr. Trenholm, of Montreal, followed with a few remarks.

Dr. James Bell, of Montreal, thought it was a mistake to perform the operation early, and related some cases where tracheotomy was urged, but was refused by the parents, and the children recovered. He prefers the low operation. He does not use the tube, simply using a form of clasp to keep the edges of the

wound apart. His reason for preferring this means to the tube is that it procures the largest possible breathing space.

Dr. Malloch closed the discussion on the subject.

Section then adjourned.

SECOND DAY.

The chair was taken by the President at 10 a.m.

After the reading of the minutes and the introduction of new members, the President moved that Drs. Ross and Stewart, of Montreal, and Dr. Graham, of Toronto, be a special Committee upon Organization, to consider the best means of maintaining and increasing the usefulness of the Association, and report at the next meeting.

The resolution was seconded and carried.

Dr. Bantock, President of the British Gynecological Association, was then invited to take a chair upon the platform.

An able address was then given by Dr. Eccles, of London; subject:

SUBINVOLUTION OF THE UTERUS.

This address will be published in our next number. The points dwelt upon were the causation, diagnosis and treatment of this obstinate affection. In addition to the means of treatment previously recommended, Dr. Eccles spoke favorably of excising part of the cervix in the most obstinate cases. He had seen excellent results follow this method of treatment.

Dr. Powell, of Ottawa, excused himself from entering into the discussion, as so many able speakers were to follow.

Dr. Cameron, of Montreal, thought septicaemia to be one of the most frequent causes of subinvolution, and that by preventing it you would also prevent the enlarged condition of the uterus. He compared the vaginal canal to a culture tube which should be kept sterilized. He accomplished this by insufflation of dry antiseptic powder and placing aseptic jute at the entrance of the canal. He had found very excellent results to follow this practice.

Dr. Granville Bantock was then invited to make some remarks upon this subject. He confined his address entirely to the treatment of subinvolution. He deprecated the use of such strong escharotics as nitric acid, which he

thought was, in many cases, dangerous. He also thought that such a measure as excising a portion of the cervix was unnecessary. He used applications of iodine and glycerine in varying strength, corrected existing misplacements, and in some cases of lacerated cervix adopted Emmet's method.

Dr. Trenholm, of Montreal, thought that the removal of existing displacements was one of the most important factors in treatment.

Dr. Holmes, of Chatham, spoke of the excellent results he had in the use of tampons of sheep's wool. By this means displacements were remedied, and the pressure exerted a curative influence upon the thickening. He stated that ordinary sheep's wool, when cleaned, could be disinfected by a solution of boracic acid, and would answer just as well as the more expensive article to be obtained from the druggists.

Dr. Eccles, in a few remarks, closed the discussion.

It was decided that Dr. Gardner's paper should be read before the whole Association.

Dr. Gardner read a paper entitled

A YEAR'S WORK IN ABDOMINAL SURGERY.

Dr. Granville Bantock then addressed the Association. He expressed his thanks for the kindness and courtesy which had everywhere been shown him since he set foot on Canadian soil. He had listened with great pleasure to Dr. Gardner's paper, and he was quite in accord with him in the methods of treatment adopted in the several cases. He referred particularly to the case of pregnancy, and thought Dr. Gardner ought to be congratulated upon the result. He then protested against the adoption of Listerism in abdominal incisions. He thought that it was not only unnecessary, but in some cases positively harmful. The application of strong carbolic acid produces necrosed tissue, which afterwards acts as a foreign body, setting up fatal inflammation. He recommended perfect cleanliness; the wounds should be scrupulously clean. The peritoneal cavity should be thoroughly cleansed; no clot of blood or film should be allowed to remain. He laid great stress upon this point, as the blood or film would afterwards act as a foreign body. He did not think it of any importance

to prevent atmospheric germs from entering the wound. He paid no attention to the germ theory in abdominal surgery. In proof of the correctness of his views he gave statistics showing that the mortality in ovariectomies had been reduced since the Listerian method had been abandoned. He also agreed with Dr. Gardner in withholding narcotics after an operation. He never gave them. They did harm rather than good.

The learned speaker then closed his address by referring to the importance of manipulative skill in these operations. He warned young men not to undertake such cases unless they intended to pay special attention to the subject. He cited statistics from his own experience, showing that as years advanced, and his practical knowledge increased, the results became more and more favorable.

At the conclusion of Dr. Bantock's address, Dr. Rosebrugh, of Hamilton, moved, seconded by Dr. Worthington, of Clinton, "That the thanks of the Association be given to Dr. Bantock for his excellent address, and that he be made an honorary member of the Association."

The motion carried amid great applause.

Drs. Trenholm and Hingston, of Montreal, continued the discussion. They both quite agreed with Dr. Bantock in his views on Listerism and the germ theory.

Dr. Hingston did not think the second ovary should be removed unless the cyst is quite large. He had in two or three cases allowed the second ovary to remain, when the diseased condition was slight; no bad results followed, and the women had afterwards borne children.

Dr. McCargow, on behalf of the Hamilton Medical and Surgical Society, invited the delegates to take a sail per steamer *Mazeppa* to the Beach, where luncheon awaited the members.

The Association then adjourned.

Business was resumed at 2 p.m., the President in the chair.

Dr. Stewart, of Montreal, gave an address on therapeutics, entitled:

THE PRESENT STATE OF CARDIAC THERAPEUTICS.

He referred to the advances which have recently been made in the therapeutics of cardiac

disease, and of the new remedies which have been brought into use. He gave a detailed description of Oertel's treatment of weak heart, and the cases in which it is likely to be of use. Convallaria, strophanthus, and sparteine were mentioned among the new remedies.

The Association then divided into sections.

In the medical section, Sir James Grant read a paper on

RENAL CALCULUS AND CHEYNE STOKES RESPIRATION.

Specimens of calculi were exhibited.

Dr. Buller then read an exhaustive paper on HEADACHES IN CONNECTION WITH CERTAIN OPTICAL DEFECTS.

He was of opinion that an abnormal condition of the superior and inferior recti were more frequently the cause of headache than has been generally supposed.

Dr. R. L. MacDonnell, of Montreal, read a paper on

THORACIC ANEURISM,

with a view to illustrating the very good results obtained in the practice of the Montreal General Hospital in this disease by the use of the iodide of potassium. The histories of six cases were brought in evidence of the good effect of the drug in cases where rest, quiet and good diet were not obtainable. The most remarkable of the cases was one in which the aneurism had eaten through the sternum and formed a pulsating egg-shaped tumor in the middle of the chest. Under the iodide the aneurism had become so reduced that the edges of the aperture of the sternum could be distinctly made out by the finger. The patient left the hospital much relieved.

The first case on the list presented a symptom of which Dr. MacDonnell claims to have been the first observer. The aneurism formed a pulsating prominence in the back between the scapulæ, and the spine, and it is presumed, caused pressure upon the fifth and sixth intercostal nerves. During a period of two months, copious sweating was observed over an area corresponding in outline to the cutaneous distribution of the fifth and sixth intercostal nerves. The patient improved rapidly under the iodide treatment; sweating, pain, dyspnoea and other pres-

sure symptoms subsided, and the patient left the hospital in June, 1886. At date this patient is fairly well, the pulsating area diminished in extent, symptoms not troublesome, and he is able to take part in the keeping of a restaurant. There has been no recurrence of the localized sweating.

Dr. Campbell then read a paper on

ALBUMINURIA OF PREGNANCY.

The following papers were accepted as read:

"The Treatment of Pneumonia," by Dr. Bruce Smith.

"A Physiological Basis for an Improved Cardiac Pathology," by Dr. Mills, of Montreal. (See page 382.)

SECOND SESSION.

Chairman, Dr. Grasett, Toronto.

The session was opened by the reading of a paper

ON THE REMOVAL OF NASO-PHARYNGEAL TUMORS, by Dr. Hingston, of Montreal. He referred particularly to the removal of fibroid growths. He mentioned the various methods of getting at these growths, but has adopted the following, if he cannot get at them by means of the fingers alone—which he is able to do in about half his cases. He cuts across the upper lip just below the nose, going through nearly to the mucous membrane, then a straight cut across the bridge of the nose, and connecting these two by a straight cut along the side of the nose; sawing through the bone, and raising the nose over by means of pliers, he thus easily gets at the tumor. He illustrated the results in some cases by means of photographs.

The next paper was read by Dr. Cameron, of Montreal, the subject being

SOME PRACTICAL POINTS IN ASEPTIC MIDWIFERY.

The reader is a germ theorist in the extreme, and believes that germs are the direct cause of puerperal septicæmia. We must have the seed, and we must have the soil; and the rational management of preventing puerperal diseases is to shut the door and prevent the seed getting at the soil. Also sterilize the soil. Do everything to prevent the invasion of the enemy. But if germ has entered, and symptoms are showing themselves, douche out the

the uterus thoroughly; if this fail, currette to bring away any clot, membrane, or placenta. If these means do not control the fever, attend to the nourishment and stimulation.

The paper was decidedly practical and interesting.

A discussion on the paper was taken part in by Drs. McCargow (Hamilton), Wright (Ottawa), Dupuis (Kingston), Taylor (Goderich).

This paper was followed by one by Dr. Johnston, entitled,

PUERPERAL PERITONITIS,

illustrating, by means of the microscope, specimens of pathological uterine tissue resulting from peritonitis, also showing the microbe. He reported a number of cases, including the autopsies, and in all cases micrococcus were found and cultured.

Dr. Dupuis, of Kingston, followed with a paper entitled,

REMOVAL OF THE ASTRAGALUS.

He cited two cases of successful operation of this kind, giving good results, with useful limbs. He urged conservative surgery, with strict aseptic procedure.

Dr. Sweetnam, Toronto, then read a paper on

STRICTURE OF THE RECTUM.

See page 276.

Section adjourned.

J. E. PICKARD, Secretary.

The Association resumed its session, the President in the chair. The President stated that he had received the Report on Hygiene from Dr. Cassidy. Owing to want of time it was taken as read.

Votes of thanks were tendered to the President, Secretary and Treasurer, and to the profession in Hamilton for their great kindness and courtesy. A vote of thanks was also given to the authorities of St. Paul's Church for the use of the school-room.

During the afternoon session the following were elected officers for the ensuing year:—

Dr. Geo. Ross, Montreal, President; Dr. James Bell, Montreal, General Secretary; Dr. Charles Sheard, Toronto, Treasurer.

Provincial officers for Ontario: Dr. Eccles, London, President; Dr. J. A. Grant, jr., Ottawa, Secretary.

For Quebec: Dr. Christie, Lachute, President; Dr. Armstrong, Montreal, Secretary.

For New Brunswick: Dr. Currie, Fredericton, President; Dr. Lunan, Campbelltown, Secretary.

For Nova Scotia: Dr. Nickwin, Halifax, President; Dr. Trueman, Sackville, Secretary.

For Manitoba: Dr. Blanchard, Winnipeg, President; Dr. Chown, Winnipeg, Secretary.

For British Columbia: Dr. N. True, New Westminster, President; Dr. Milne, Victoria, Secretary.

The next place of meeting will be Ottawa.

THIRD QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH.

The Board met at 2 p.m., 24th ult., Dr. F. Rae, Oshawa, the recently appointed Chairman, being in the chair. There were also present Dr. Covernton, Dr. Cassidy, Dr. Bryce, Dr. McKay, of Woodstock, and Dr. McDonald, of Hamilton.

The Secretary presented a large number of communications, and indicated the action taken by him in relation to each. They included many local nuisances, where, in consequence of vested interests, it seems frequently very difficult for Local Boards to deal effectively with them.

The Secretary thereafter presented his report of an inspection made under Cap. 7, Stat. 1887, of proposed new site for a cemetery at Bradford. The report introduced a discussion on the subject on intramural burials; and other members of the Board urged the duty of the Board to be very circumspect in the matter of giving its sanction to intramural burials of any kind.

Dr. Covernton thought the Board should be careful in sanctioning intramural cemeteries. The growth of Toronto was such that a cemetery on the outskirts of the city would, in a few years, be in a thickly-inhabited section. There were a large number of houses quite close to St. James' Cemetery. Then there were two cathedrals, St. Michael's and St. James', where persons had been actually buried in places of worship. The Board of Health ought to express itself entirely against this practice.

He further stated that if the system of burying were to be continued the best possible provision would be to have simple wicker coffins, instead of placing bodies in three or four caskets, where they had pent up the sources of the worst possible kind.

Dr. Cassidy said it was unreasonable to bury people in places like a church where the people congregate. The effect of the precautions taken was simply to prolong decomposition. It was in opposition to the common sense of the age.

The report was adopted.

OUTBREAK OF DIPHTHERIA.

Dr. Bryce reported that there had been frequent complaints of night soil being deposited by Toronto scavengers in Seaton village and at the back of Nordheimer's hill. Diphtheria had broken out in those localities and had been traced to this source. In several instances the Secretary stated that diphtheria existed on premises from which Toronto milk supplies came, but there was no inspection of these premises. The point, he said, was interesting, that Toronto sends out night soil to make it unpleasant for suburban residents and was being punished by having its effects returned to her in milk supplies. Summonses had been issued by the Township Local Board, and fines had been inflicted, but the deposition of night soil continues and the nuisance in a perhaps modified form is unabated. Diphtheria in many suburban municipalities from which food supplies—both meat and milk—reach Toronto, make the question of food inspections at their source of supply a matter of pressing importance.

The reply of the Minister of Agriculture to the memorial asking that the powers of the Board be defined as to compelling the inspection of milk, was read. The Minister stated that "The powers extended to the Provincial Board and to the Minister of the Department by this section (Sec. 6, Public Health Act, 1887) are expressly confined to measures to be taken for the limitation of *any existing* dangerous, contagious or infectious disease."

On discussion, Dr. Bryce stated that the report of the Committee on Epidemics made it evident that diphtheria was present in the Province to such an extent that the Minister's interpretation of the Act gave the Board the

opportunity for carrying out the Act, requiring suburban municipalities to regularly inspect milk supplies.

The Board then adjourned till Thursday at 11 a.m.

The Provincial Board of Health met again next morning, Dr. Francis Rae, of Oshawa, presiding. The members present were:—Drs. Covernton and Cassidy, Toronto; McKay, Woodstock; Macdonald, Hamilton; Yeomans, Mount Forest, and Bryce, Secretary to the Board.

MILL-POND NUISANCES.

Among the communications read was one from Dr. J. L. Addison, St. George, regarding the Woodvale pond nuisance, stating that the pond "is and has been for years in a filthy condition," and complaining that the local Board of Health took no action to abate the nuisance from which several cases of malaria had arisen. Another communication, from the clerk of the village of Cannington, made complaint also that the condition of a mill-pond was a public nuisance and injurious to health. The Committee on Sewage and Water Supply was instructed to investigate informally the St. George nuisance.

Extended correspondence was presented by the Secretary, regarding a glue factory nuisance in a suburb of Ottawa, in which the nature of the nuisance and the action taken in attempting its removal, was indicated. The Chairman was instructed to appoint a committee to investigate the matter, should present legal procedures fail to effect a remedy.

NEW QUARANTINE REGULATIONS.

Dr. Covernton reported, on behalf of the Committee on Epidemics, that the regulations recently issued by the Dominion Government for observance by masters of all ships coming from infected ports, and also of ships on which contagious diseases have occurred during voyage, had now come in force, and would, he believed, be found thoroughly satisfactory. Under the regulations all vessels, except the mail steamers which obtained their clearance at Rimouski, now would remain for examination, for which a day and night service was in operation. The regulations made provision for dealing with all contagious diseases, and left large

discretionary power in the hands of the medical officer of health, whose duties in matters of detail were well defined and comprehensive. In future every steamship or sailing vessel arriving with infectious diseases shall be liable to be detained at the quarantine station for disinfection, together with its cargo and passengers and crew, but every vessel provided with one isolated hospital for men and another for women, on the upper deck, ventilated from above and not by the door only, may, in the discretion of the quarantine medical officers, if satisfactory evidence be furnished, proceed on its voyage. Dr. Covernton said the Quebec officers were sensible of the support they received in their efforts to get the Legislature to pass these new epidemic laws, from the Ontario Board of Health, and now they had the satisfaction of knowing that the danger of epidemic entering the country by that port was reduced to a minimum.

The report was adopted.

ANTHRAX AT GUELPH.

Dr. Bryce submitted a special report regarding an outbreak of an epidemic at Guelph, by which a number of cattle were destroyed and several persons were affected. The disease first appeared last summer and broke out again amongst cattle pasturing on the river flats, which in many parts are flooded in the spring time. The disease was supposed to be anthrax, the germs of which might be carried into the river by the water used for cleaning imported wool in a factory situated on the river. The report recommended a thorough investigation and a biological examination of the disease to be made in order to obtain positive information on the subject.

The report was adopted, and the Committee on Epidemics was instructed to have a sample of blood from an animal which had died from the disease examined by a competent biologist.

The Board then adjourned until 2.30.

AFTERNOON SESSION.

At the afternoon session of the Board a resolution was adopted, and forwarded by telegraph, congratulating the sanitarians of Quebec upon having secured the organization of a Board of Health in that Province with executive powers.

The plans for the water supply system at Berlin were fully discussed and adopted, the Board not holding itself responsible for their practicability, but simply accepting the position of referee in case the Local Board of Health should find the water is impure.

On motion, the Committee on Epidemics was instructed to interview the Minister of Agriculture with regard to the whole question of enforcing under the Act of 1887.

The Chairman and Secretary were appointed delegates to represent the Board at the International Conference of State Boards to meet at Washington September 7th and 8th.

This concluded the business of the quarterly meeting.

The new appointments to the Board made a slight re-arrangement of Committees necessary. Dr. C. W. Covernton was continued on the Committee on Epidemics, Dr. Macdonald, Hamilton, Dr. Mackay, Woodstock, and the Secretary were appointed a Committee on Sewage and Water Supply.

The Board finally adjourned at 6 p.m.

P. H. BRYCE, *Secretary*.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

SIRS,—In your last issue some one, signing himself "Justitia," makes a statement, by way of re-opening the Permanganate-Phenylene controversy of some eighteen months ago, to which I desire to make a very brief reply. Your correspondent does not wish "to stir up old strife." If he had just added that his only motive was another sneaking thrust at myself, he would, doubtless, have said all that was in his mind.

I shall not reply to this anonymous communication further than to say that I know from conversation with the gentleman who first devised the mixture referred to, what is its exact composition. Unless your correspondent is prepared to make his statement over his proper signature, I have no hesitation in saying it is utterly unworthy of credence.

Yours, etc.,

GEORGE WRIGHT.

Toronto, Aug. 27, 1887.

[It is much to be regretted that Dr. Wright should consider the matter in a personal light, for we have been assured by the correspondent referred to, that Dr. Wright was not in his thoughts when the letter was penned.—ED.]

EMASCULATION FOR RAPE.

To the Editors of the CANADIAN PRACTITIONER.

SIRS,—Of late the secular press has been ringing with accounts of criminal assaults upon women and girls—mere children—and it seems that the penalties prescribed by law are not sufficient to deter the worse than brutes who are guilty of those offences. The death penalty, although pronounced, is never carried out; the lash does not inspire sufficient dread, and imprisonment for life is so devoid of terror to such human-brutes that it is apt to be regarded as the solution of the boarding-house question.

As medical men, and the medical press, exist for the benefit of mankind, I think it comes within the province of a medical journal to suggest a remedy, less radical than hanging, that would forever bind the victim to good behaviour, in that respect, during life, and the fear of which would be sufficient to stamp out the crime. Wipe out the present penalties for rape from the statute-book, and substitute emasculation for the completed offence, and HALF the penalty for assault with intent; and let there be no alternative.

I feel confident, if this punishment was inflicted a few times, and well advertised, that such crimes would soon disappear from the calendar.

N. AGNEW, M.D.

Winnipeg, Aug. 30th, 1887.

Book Notices.

The University of North Dakota—Catalogue— 1887.

Intubation of the Larynx. By E. F. Ingals, M.D., Chicago. Reprint.

Names and Addresses of Health Officers in Michigan for the year 1887-8.

Abstract of Proceedings of the Michigan State Board of Health, July 12, 1887.

Paper and Addresses of Colonial and International Congress of Inebriety. London, July 6, 7, 1887.

Address in State Medicine—Recent Advances in Preventive Medicine. By GEORGE H. ROHE, M.D., of Baltimore.

Sixth Annual Announcement New York Post Graduate Medical School and Hospital, New York City, Session 1887-8.

On the Existence of Dermatitis Herpetiformis (of Duhring) as a Distinct Disease. By L. D. BUCKLEY, A.M., M.D. Reprint.

Transactions of the Medical Association of the State of Missouri at its Thirtieth Annual Session, held at Macon City, May, 1887.

A Review of the Most Important Advances in Surgery, Medicine and Pharmacy in the last forty years. By C. W. MOON, M.D., San Francisco. Reprint.

Pathology and Treatment of Gonorrhœa and Spermatorrhœa. By J. L. MILTON, Senior Surgeon St. John's Hospital for Diseases of the Skin, London. New York: Wm. Wood & Co.

Experimental Researches in Artificial Respiration in Still-born Children, and Allied Subjects. By F. H. CHAMPNEYS, M.B. London: H. K. Lewis, 136 Gower St., W. C., 1887.

The Principles of Antiseptic Methods applied to Obstetric Practice. By DR. PAUL BAR, Accoucheur to the Maternity Hospital, Paris, etc. Translated by Henry D. Fry. Philadelphia: P. Blakiston, Son & Co.

This is one of the most useful and interesting works we have seen. The subject is one of vast importance and cannot be over-estimated. The author is enthusiastic on the question of antiseptics in obstetrics, but, at the same time, sufficiently conservative to prevent him from being "meddlesome." The various antiseptic procedures adopted by many institu-

tions in Europe, especially in Germany and France, are fully described. We can cordially recommend the book to all general practitioners.

A Handbook of General and Operative Gynecology. Volume I. By DR. A. HEGAR (University of Freiburg) and DR. R. KATTENBACH (University of Giessen). In two volumes. This is also Vol. VI. of "A Cyclopædia of Obstetrics and Gynecology" (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

It is a matter of course that a work published by Hegar and Kattenbach, in any subject connected with operative gynecology, must be essentially a good one. This first volume describes the methods of making examinations, a number of minor gynecological operations, and the major operations in the ovaries, including ovariectomy and what Hegar calls castration, *i.e.*, the extirpation of healthy ovaries or those which are degenerated, without possessing very large dimensions.

Cyclopædia of Obstetrics and Gynecology—Obstetric Operations; The Pathology of the Puerperium. Being Vol. IV. of a Practical Treatise on Obstetrics. By DR. A. CHARPENTIER, Adjunct Professor of the Academy of Medicine, Paris, New York: William Wood & Co.

This volume, which is the fourth in the series for the year, is the last of Charpentier's work on obstetrics. It describes minutely the various obstetric operations, and treats of the pathology of the puerperium. Speaking as a whole, this work of Charpentier's is a grand one, and of the fourth volume we can say with confidence that it is at least equal, if not superior, to the preceding. We doubt if anything has ever been published on the subject of obstetrics on this continent, for the sum charged, which is equal to these four volumes.

Personal.

Dr. Fred. Moore is practising on College Street.

Dr. G. G. Caron, of Aylmer, has removed to London.

Dr. D. Johnston has removed from Morrisburg to Iroquois.

Dr. Sweetnam leaves for six months in Europe early in October.

Dr. W. T. Parry has commenced practice at 272 Bathurst Street, Toronto.

Dr. J. Caven has returned from Germany, and will practice at 378 Parliament St.

Dr. Verner, who did valiant service in the Reil rebellion with the Queen's Own, was married last month.

We regret to notice the death of Dr. Joseph C. Hutchinson, of Brooklyn. He died of pneumonia after a month's illness. He paid special attention to surgery, and was among the first to give prominence to orbopædic surgery. His local reputation was very high, and his name is well known in the Medical Association of the United States.

Miscellaneous.

In pregnant women renal colic frequently produces abortion.

Dr. Senn is of the opinion that on the Continent the best surgical work is frequently done by those outside of the university towns.

Out of seven hundred infants given over to the care of the Grey Nuns of Montreal, according to the *True Witness*, 678 died during one year.

A lady who wanted a feeding bottle sent the following note, by the nurse girl, to the druggist:—"Please give the bearer a feeding bottle for a baby with a long spout."

RENAL CALCULI.—A rare case has come under observation in which a distinguished surgeon is able, with absolute certainty, to produce renal calculi in himself by drinking white wine. Even a quarter of a wine glassful is sufficient. At the end of a few hours violent pains are experienced, and finally calculi are voided. They may attain the size of a pea, and are composed exclusively of uric acid. Symptoms of calculi are never produced if the ingestion of white wine is avoided.—*Eichorst*.

THE Canadian Practitioner.

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, OCTOBER, 1887.

Original Communications.

TREATMENT OF OCCIPITO- POSTERIOR POSITIONS.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S. ENG.,

Prof. of Obstetrics and Gynecology, Trinity Medical
College, Toronto.

The treatment of these special positions, as dealt with in our modern text-books, varies somewhat, no absolute special rule being insisted on, though a large number of writers seem rather to favor the plan of non-interference till nature fails to accomplish the anterior rotation of the occiput, when assistance is then rendered by the forceps or vectis and the labor terminated. The patient, however, by this time has endured many hours of fruitless pain, and is perhaps almost exhausted. I think the consideration of the treatment of these cases deserves more attention from the profession than it at present receives. Most certainly a large number rotate forward without artificial aid or even without much difficulty. Still, however, there is a certain number of cases (stated to be 4 per cent.) in which, after difficulty and delay, rotation does not take place; the woman after undergoing many hours of severe and prolonged pain is brought to a stage of almost complete exhaustion and arrest of labor, and the physician is obliged to step in and assist by art or else leave the patient to die undelivered. The object of this paper is to discuss the advisability of a plan of treatment to help these few, not the majority.

Some years ago I was led to a careful consideration of the subject of treatment and the advisability of early manual assistance, so as to rotate the occiput forward and not depend on nature to do so; and, after the most careful watching of many cases, I finally decided in favor of manual assistance, and now, after some years of trial, I am still more strongly impressed in favor of this treatment as being perfectly safe to the child and most decidedly beneficial to the mother; the delivery is shortened; the mother is saved much pain and risk of injury to her soft structures, especially the perineum. In those cases in which rotation does not spontaneously occur, and the birth is finally effected by the forceps, delivering the occiput over the perineum, there is always a much greater liability to rupture of this body, owing to its greater distension, and this is particularly so in primiparæ, especially if they happen to be somewhat advanced in life. At all events, if no injury to the perineum occurs, the woman at least has undergone a long and painful delivery.

It is not my intention to discuss the mechanism; suffice it to say that one of the main agents in favoring anterior rotation of the occiput is to be found in the resistance of the perineum, as conclusively proved by the experiments of Dubois on the cadaver. Still, however, unless flexion is a very complete act at an early stage of the labor, delay in the descent is almost sure to occur, and the occiput in such cases is delayed at the very brim of the pelvis by the brow pressing on the pubis.

If you contrast the mechanism in an occipito-anterior position with an occipito-posterior one, you will see at a glance they are exactly antipodal to one another. In the former, everything is favorable for quick and easy delivery; the occiput, which must first emerge at the vulva, has but a short way to travel to reach the pubic arch, the least resistance is offered to the advancing head through friction, and the uterus is transmitting its forces in the most effective way through the spinal column and breech of the child in the axis of the entire foetal ovoid.

In a posterior-occipital position everything is the reverse; the occiput has the longest route to travel from the sacro-iliac synchondrosis to the pubic arch—at least three times as far—the greatest amount of friction is thus necessarily produced, preventing the onward progress of the head, and the uterus is acting to a great disadvantage. In all cases when the dorsum of the child is backwards, the forces are directed posteriorly instead of anteriorly, a large amount is lost on the sacral structures, and it follows in those where rotation does not occur but the occiput is born posteriorly, that the head is only slowly and imperfectly propelled because the uterine forces, instead of passing through the head as part of the general ovoid, pass out of the ovoid at the nape of the neck. And yet these labors are called natural in our text-books, while to my mind they are dissimilar in almost every respect, and they might well be placed under the same heading as preternatural labors.

Now in regard to the treatment: Some writers, as West, recommend upward pressure on the os frontis to assist flexion; in some cases this simple plan is effective. Hodge advises traction on the occiput with the vectis or fillet so as to cause flexion. Galabin also advises the vectis; this also sometimes succeeds, but not always. There are some who do not say one word about the treatment, simply leave all to nature, and when she has failed, then apply the forceps. Smellie advises rotation to be made early by the forceps. Burns advises rotation by the fingers. Leishman advises the forceps when the head is free at the brim. Barnes admits that in the majority of cases to which he has been called to apply the forceps the de-

lay was due to the occipito-posterior positions, and it is just with the view of preventing a long painful, tedious labor that I would like to see some definite plan adopted as regards the early rotation of these positions whenever opportunity offers of so doing. Warren Bricked once made the following statement which so exactly agrees with my notions that I am induced to copy in full his words: "Because a woman can deliver herself in occipito-posterior positions, we are not necessarily to expect her to do it—on the contrary, for the sake of both mother and child, we had better presume that she most probably cannot. If we see the case early, therefore, let us use early exertion to convert it into an anterior position. If we fail, or if we have not had the privilege of the effort, let us not, under the happy conviction that she is in natural labor, permit her to extend the extraordinary efforts which are necessary to deliver herself.

"Realize fully that before you is a patient suffering far beyond the prevailing demand in order that she may extrude her child, that the extraordinary pressure and effort to which she is subjected tell of more than possible evils to her, and that the distortions and pressure to which the child is subjected only too frequently result in death, or long, protracted, and distressing suffering. Realize these things, and help your patient."

For my own part, whenever I am fortunate enough to see my patient early in labor and before the rupture of the membranes or even after and before the head has descended very low into the pelvis, before the shoulders have engaged the brim, I give my patient chloroform sufficient to quiet all resistance, and then carefully disinfecting my hand and oiling it, cautiously introduce it wholly into the vagina, taking great care not to injure this part by undue haste, and pass it on till I reach the head, then, seizing it between the points of my fingers and thumb in the interval between a pain, I rotate the occiput forward. This is very simply done, especially before the rupture of the membranes—I then leave it to proceed as a normal case of labor.

Even after the head has engaged the brim, it is easily done, providing the shoulders are

above the brim; or, at least, if they have engaged the pelvic cavity, or not too firmly-wedged there, with assistance by external palpation, chloroform, and patience, much can be done.

Dr. Harris objects to this plan of treatment which was so strongly recommended by Dr. Parry, on the ground that the introducing of the hand within the vulva may cause laceration. Such an objection is not valid, it might be used equally against turning,—no man has a hand as big as a foetal head. With the use of chloroform, the hand may be gently passed without fear of injury.

Till I adopted this plan of treatment, I, like Dr. Barnes, had frequently to use my forceps after my patient had suffered long and painful, though fruitless efforts at delivery. Once the shoulders have become firmly wedged in the pelvis, I don't think it altogether a safe plan to follow. I there leave my cases to nature, offering such assistance as the vectis, or pressure by the fingers in the direction of rotation, endeavoring to favor both flexion and rotation. If these measures fail, then I apply the forceps, making slow traction, but not attempting rotation. If it is disposed to occur, I do not interfere; if, on the other hand, no effort is made by nature at rotation, I then deliver with the occiput at the perineum, preferring undoubtedly a pair of straight forceps, giving the perineum plenty of time to dilate and using chloroform in all cases. I am not laying claim to any new plan of treatment, but merely stating my own experience and my invariable plan of treatment in every suitable case.

The success I have met with in the past induces me to write these few lines on a most important subject.

A PUZZLING QUESTION.—“Mamma,” said a little boy who has a very recent brother, “did Adam and Eve ever have babies?” “Oh, yes. Don't you remember the story of Cain killing Abel? They were little babies at one time.” “Yes, I s'pose they were,” went on the little boy thoughtfully, “but what gets me is, if Adam was the first man and Eve the first woman, where the doctor comes in who furnished the babies.”—*Puck*.

EXCISION OF THE ASTRAGALUS.

BY THOS. R. DUPUIS, M.D., M.R.C.S. ENG.,

Professor of Clinical Surgery in the R.C.P.S. Kingston, and Surgeon to the Kingston Hospital.

(Read at Meeting of Canadian Medical Association, Hamilton, Sept. 1st, 1887.)

In referring to excision of the astragalus, I do so not with the intention of describing a new method of operating, but simply to add two more successful cases to the lists already recorded concerning this serious operation. I call it “serious” because if the operation is not successful the alternative is amputation of the limb, or perhaps loss of life; and either of these is certainly a serious matter to him who suffers it. Excision of the astragalus has been a recognized operation for many years, and 112 cases of it have been recorded and analyzed; but it seems to me that the results in the past have not been as favorable as they would be now under our antiseptic treatment. As far as we know, excision of the astragalus was first performed in 1670 by Fabricius Hildanus, or by some other surgeon whom he has described. One hundred and twelve total, and twenty-eight partial, extirpations have given the following results:—Of the complete ones, 79 gave useful limbs; 2 were followed by amputation; 19 were succeeded by death; and 12 cases passed from under observation and the results were not known. Of the 28 partial cases, 18 were followed by satisfactory recoveries; 8 were not quite satisfactory; 2 were followed by amputation, of which one ended in death. Prof. Gross calls statistics similar to the foregoing “flattering results,” and thinks that they should be received with a great deal of caution. He states that the operation is one of extreme difficulty, and that when all the circumstances are considered, thinks it questionable, in the great majority of cases, if it would not be better to sacrifice the limb than to attempt to save it by this method. He thinks the surgeon should consider himself in the patient's place when he undertakes to decide on the course of procedure to adopt; and is of opinion that if the patient had all the facts on both sides of the question honestly laid before him—the dangers of inflammation, erysipelas, and probable relapse which may accompany excision, and the comparative safety,

the freedom from subsequent suffering, the fitness for an artificial limb, which succeeded *amputation*—he would not hesitate as to the course he would pursue; he would, he thinks, prefer removal of the foot by Pirogoff's or Syme's method.

The cases which I report were both performed on account of compound dislocation, complicated with fracture, and were in healthy men and were performed under the most rigid antiseptic precautions. Twice within the last year I have removed the most of the anterior row of tarsal bones for caries, and under antiseptic treatment the wounds healed kindly; but the disease recurred, and amputation subsequently became necessary.

Case I. of excision of the astragalus was a Mr. McW., a brewer's dray-man, aged 50 years. He was taking a barrel of beer down a flight of steps into a cellar, and was going down backwards in front of the barrel. The barrel slipped from one of the steps, and on his stepping back suddenly to prevent the barrel from rolling down upon him, the step below broke beneath his weight and his foot came down forcibly upon the stone floor, everting the foot and producing a compound and complex dislocation on the inner side.

Immediately after the accident he was brought to the hospital, March 27th, 1887. The foot was then turned outward to such a degree that the inner edge came almost towards the ground; about half an inch was broken from the end of the tibia, which projected nearly an inch through a large wound in the soft parts; the astragalus was turned one-quarter way round, so that the inner surface looked forwards, and projected anteriorly upon the scaphoid-bone in such a manner as to form a large hard tumor beneath the skin of the instep. All attempts to restore the parts to their normal relations proving futile, I determined to remove the astragalus, and, by bringing the parts into proper apposition, to secure a joint between the ends of the tibia and fibula and the calcaneum. After removing the astragalus, and the half-inch piece broken from the end of the tibia, I found that about three-fourths of an inch was broken from the end of the fibula also, and this I likewise removed.

During the operation, the wound was constantly flushed with a solution of bichloride of mercury (1 to 4,000), and, after bleeding had entirely ceased, the wound was closed with a close, interrupted, carbolized catgut suture, the seam painted over with collodion, upon which iodoform was plenteously sprinkled, a pad of iodized gauze laid upon it, and the whole done up with antiseptic bandages. The dressing was not changed for ten days; there was no rise of pulse or temperature to speak of; the patient felt well from the time he recovered from the effect of the ether, eating and sleeping normally, and suffering but little pain. This wound healed without the formation of any pus, and on the 20th of April, 29 days after the operation, he left the hospital with the wound completely healed.

For the last two months he has been at work in a brewery, using sometimes a crutch and sometimes a cane in going to and fro. He has perfect motion in the ankle joint, and can bear considerable weight upon the foot; but he complains of its being weak, and of its liability to eversion if placed upon the ground carelessly. His condition is improving, however, and I have hopes that time will greatly remedy the defect which he now suffers. Contraction of the muscles and tendons passing from the leg to the foot will diminish the cavity formerly occupied by the astragalus; the ends of the tibia and fibula, and upper surface of the os calcis will become coated with cartilage, fibrous material will be thrown out, and the whole will form a well-padded joint, and give a useful limb.

The second case was John T—, a carpenter, aged 42, who had fallen by the breaking of a scaffold nearly twenty feet, and struck upon his feet. His left ankle was severely bruised and some of the bones partially dislocated, and his right ankle was so completely disorganized that the astragalus was broken into two pieces, the ends of both tibia and fibula fractured across at the distance of three-fourths of an inch from their apices, the tibia and part of the astragalus protruding from the wound in the soft parts, and the other fragment lying loosely attached by ruptured ligaments in the depths of the wound. He was brought to the hospital immediately after the accident, July 20th, 1887.

My colleague, Dr. Oliver, was attending the hospital at the time. I was summoned in consultation, and at once advised the removal of the astragalus, and all the broken fragments of bone, and the treating of the wound in a rigidly antiseptic manner. The same method was adopted as had been used with Mr. McW—, and the wound was dressed in precisely the same manner, excepting that in this case a drainage tube was inserted, but it proved quite useless as no discharge from the wound followed the operation. The tendons of the tibialis posticus, flexor longus digitorum, flexor longus pollicis, and posterior tibial artery were uninjured, and the conditions for rapid repair and natural motion were preserved. The wound in this case has been now healed for several days, although he is still in the hospital on account of the other ankle which has not yet recovered from the spraining and bruising which it received. About thirty days sufficed for the healing of this wound, and during its progress there was no formation of pus, no inflammatory action, and very little pain. I visited him last Saturday and found him able to voluntarily move the foot in any direction, flexing, extending, inverting, and everting it with considerable facility.

John Ashhurst, jr., the author of the article on "Excisions," in the International System of Surgery, says that his experience of excision of the astragalus is limited to two cases, both, he says, terminating favorably. The two cases which I have reported, coming so close together and being so exactly similar in character, and both terminating so satisfactorily, form, I think, a worthy addition to the numbers already recorded.

For caries of the bones of the ankle, the removal of any or all of the bones is not certain to secure immunity from a recurrence of the disease, although it might be well to try excision before having recourse to amputation; but if the excision required the taking away of too much bone, amputation would be preferable, inasmuch as a foot hanging loose at the end of the leg without sufficient bone to support the weight of the body, would be far worse than no foot at all. It is in injuries such as I have described that this operation succeeds; and now that we can obtain such wonderful results by rigid

antisepsis, no limb should be sacrificed on account of the most serious injuries to the bones of the ankle, without first making an attempt to save it. In hopes that these results may embolden some younger and less experienced surgeon to take the risk and wait for good effects from his conservative surgery, especially when it concerns an arm or a leg, instead of mutilating his patient at once and forever by an amputation, I have trespassed upon your time, gentlemen, long enough to bring these facts before the Association.

REMOVAL OF THE UTERINE APPENDAGES.

BY ADAM H. WRIGHT, M.B., M.R.C.S. ENG.,
Professor of Obstetrics, University of Toronto.

(Read at Meeting of the Ontario Medical Association.)

Sir Spencer Wells recently made use of the following remark: "The oophorectomists of civilization touch hands with the aboriginal spayers of New Zealand." Mr. Lawson Tait said in reply: "This kind of writing reminds me of nothing so much as Dean Ramsay's Scotch laird who, when in a rage, went out into the street and swore at large." This delicate exchange of courtesies between these two men who are, perhaps, all things considered, the most eminent abdominal surgeons the world has ever seen, furnishes a good example of the grave differences of opinion which exist upon this subject, and the extreme bitterness which has characterised many of the acrimonious discussions which have taken place in recent years.

It will be sufficiently correct for our purpose to assume that the history of this operation dates back to 1872 (less than fifteen years ago) when, within a few weeks, Battey, of Georgia, Hegar, of Germany, and Tait, of England, respectively, removed the ovaries with the hope of relieving serious symptoms in their patients. Battey was the first to report his case, and he gave to the operation the name of normal ovariectomy. He met with very strenuous opposition, and tells us of "professional brethren holding nightly caucuses, awaiting the death of the first patient, in order to arrest the operator." Hegar gives to it the

title of castration, a term which is quite common in Germany and France. The term spaying is also applied to the procedure, but only, as a rule, by those who wish to throw contempt on the operation and operators.

I have selected the designation used by Mr. Lawson Tait—"The Removal of the Uterine Appendages,"—which is frequently called "Tait's operation." The peculiarity of this, as compared with Battey's normal ovariectomy, or Hegar's castration, is that Tait insists on the removal of the fallopian tubes as the most important feature of the operation, while the others made it their aim, especially at first, to remove simply the ovaries. Battey acknowledges that he made a grave mistake in using the term normal ovariectomy, which has given rise to many serious misconceptions. He accounts for his error by stating that many of the ovaries and tubes formerly removed by him were in reality diseased, though he thought at the time they were normal.

I will consider the operation in its application to three varieties of conditions, viz: nervous diseases, bleeding fibro-myomata of the uterus, and diseases of the ovaries and tubes. I had intended to give a report of the results of all the cases in which this operation has been performed in the Toronto General Hospital; but I find that this would be so incomplete as to be of comparatively little value, because, in the majority, a sufficient time has not elapsed to give us a correct idea of the permanent effects on the patients. I will, however, relate the histories of a few cases which will illustrate the different varieties before alluded to.

I have never seen an operation performed for nervous disease without accompanying pelvic lesion; but will relate the history of a case of Dr. Cameron's, which I had the opportunity of seeing frequently with him, in which the nervous symptoms were far out of proportion to the diseased conditions found in the uterine appendages, as far as we and others on the hospital staff could ascertain by careful examinations.

Miss —, one of our most efficient and intelligent nurses, commenced to have severe pelvic pains at the menstrual periods at the age of 21. These gradually grew worse for

three years, when she was compelled to give up work at these times. There were a few slight attacks of pelvic cellulitis, which recovered under treatment. Early in 1885, the symptoms during menstruation became more severe. She was confined to bed from ten to twelve days out of every 28. The pains appeared regularly two or three days before the flow, starting most frequently in region of left ovary. The stomach then became affected, first with nausea, and this was followed by retching and hiccuping, which continued almost incessantly for several days. Her sufferings were intense, and she was in an unconscious or semi-unconscious condition a large portion of the time. The right arm moved almost continuously. There was evidently a large element of hysteria in the patient's condition. The left ovary was tender and a little prolapsed, and both tubes appeared at times to be slightly dilated, although I sometimes had doubts as to this condition of dilatation. For six months she was unable to do any work, although she was up a good portion of the time. After a number of consultations with different members of the staff, and at the urgent request of the patient, Dr. Cameron, assisted by myself, removed the tubes and ovaries, November 3rd, 1885. The left ovary was large, and, I think, more cystic than it should be, although, I must confess, that I am frequently unable to draw the line between a diseased and normal ovary. Both tubes were slightly dilated and congested. Her recovery from the effects of operation was very satisfactory. She had two slight hemorrhages during two succeeding months, none since. She had monthly recurrences of pelvic pains for about nine months; two or three in next six months, the last occurring two months ago. These have not been accompanied with the severe symptoms which she experienced before the operation. She has been able to do a great deal of work during the last year. I think the nervous symptoms have not quite disappeared; but when I last saw her, on Monday of this week, seventeen months after the operation, she was well and cheerful, not changed in her physical and mental characteristics, and was as much a woman in her appearance, and, as she stated, in her feelings, as she ever was.

We have in this case an example of grave neurosis, greatly aggravated at the menstrual periods, without very serious lesion of the tubes and ovaries which could be detected without an abdominal section. It is a matter of very careful deliberation whether, under such circumstances, the operation is justifiable. My opinion is most decidedly in favor of the negative in the great majority of such cases. I feel certain that it would be most pernicious to establish the rule that, in all cases of severe dysmenorrhœa, or of serious nervous diseases of various kinds, apparently intimately connected with menstruation, the appendages should be removed. It so happens, however, that the symptoms occasionally become so severe as to make the patients invalids, perfectly unfit to pursue their ordinary avocations, or even endanger life and reason (as admitted by Sir Spencer Wells). This is a serious matter in any instance, but especially is it so in the case of a poor woman who is compelled to earn her living.

Such patients, with a due appreciation of the risks of operation, and the chances of complete or partial relief resulting therefrom, frequently implore us to give them the benefit of such a chance. If, as frequently happens, we have treated them for many months or years with no good effect, but, on the contrary, find them going from bad to worse, what are we to do? I can give no fixed rule that will absolutely apply to all cases, but with my present lights I will consider that the operation is unjustifiable in all cases of nervous and mental diseases, where no distinct lesions of the appendages are present which can be clearly recognized. While I think it safer to adopt such a rule as this, I admit that cases may and do arise of such an exceptional character that it may be considered advisable, after a careful consideration of all the circumstances, and a consultation with those in whom we place the most implicit trust, to perform the operation.

While I freely acknowledge the difficulty of deciding at once the merits of all cases which may come under our observation, I wish especially to enter a most emphatic protest against the tendency, which is becoming manifest in some parts of this continent, towards the per-

formance of this operation in all cases of serious dysmenorrhœa, the so-called menstrual epilepsy, hystero-epilepsy, and various forms of mental disease.

CASE II. Mrs. M——, aged 40; had four children, youngest child aged 9; no miscarriages; admitted to Toronto General Hospital, May 14th, 1886. Had tumor of abdomen reaching to a point above the umbilicus, due to fibroids, which were first noticed two years before. Patient was in a very wretched condition from the effect of hemorrhages and some form of inflammation, probably metritis and endo-metritis, accompanied by severe pain. An intra-uterine application aggravated general symptoms. Pulse, 100 to 140; temperature, 100° to 105°. When the signs of inflammation subsided, although the patient was still in a poor condition, I made an abdominal section, assisted by Dr. Cameron, and removed the ovaries and tubes. The recovery from the effects of operation was satisfactory. She had a slight hemorrhage a few days after the section, but none during the three months after that while she continued under my observation. The tumor was considerably reduced in size—to about two-thirds or half its former dimensions. The greater part of this reduction appeared to take place during the second week after the operation—after the slight hemorrhage to which I have alluded.

This case illustrates two points in the history of such patients after the removal of the ovaries and tubes. First, the hemorrhages, which placed her life in imminent peril, ceased. All reports agree as to the fact that the operation, in the majority of cases, causes the hemorrhages to cease; in a certain number to diminish; but in a very few has no effect whatever. Second, the tumor soon diminishes in size. This remarkable change takes place in almost all the cases where the hemorrhages cease or diminish. Of course the more important of these effects is that of checking the hemorrhages which, in certain extreme cases, are immediate sources of danger to life.

In such cases I have no hesitation in saying that I believe the immediate performance of this operation is the safest and best resource we have. I am supposing that medicines, such as

ergot and ergotine, have been tried without effect. It is quite true that in a certain small proportion of cases, where the tumors are chiefly myomatous in their nature, and grow very rapidly, this procedure has no effect whatever. It is unfortunate that we are unable, as a rule, to decide as to the nature of these myomata before they are removed, although we may suspect their character if they have grown very rapidly. If we could be certain we should at once proceed to the very grave operation of hysterotomy.

It will be safe, therefore, I think, to adopt the rule that, in all cases of uterine fibromyomata, which are accompanied by hemorrhages which endanger life, the appendages should be removed.

There can surely be no sentimental, ethical or moral consideration which will oppose this rule. Apart from the immediate danger to life, the presence of fibroids in the uterine walls generally produces sterility, and in exceptional cases, when pregnancy occurs, the woman is placed in a position of very grave peril; and, in this aspect of the subject, absolute sterility, artificially produced, is a decided benefit to our patient.

CASE III. E. S., aged 32, married 11 years, never pregnant. A few months after marriage had a serious illness, accompanied by a vaginal discharge; was told she had pleurisy; never well since; had intense pain before and during menstrual periods; had dyspareunia; noticed these symptoms especially during last seven years; being quite incapacitated for any work from half to three quarters of the time. Came into Toronto General Hospital, May 1st, 1886; sausage-shaped tumor felt behind and on right side of uterus, most easily traced per rectum; supposed to be one of the tubes dilated with pus. There was some doubt as to which tube, but at the time of operation it was discovered to be the left, which passed behind uterus to right wall of pelvis, where it was adherent. Second tube behind this appeared to be dilated to a less extent. There was some increase of temperature, with occasionally slight chills and sweatings; diagnosis, probably pyosalpinx. She was kept quiet, and had hot douches twice a day for a few weeks, with no benefit.

June 11th, assisted by Dr. Cameron, removed ovaries and tubes. The large tumor proved to be a tube about the size and shape of a good sized elongated pear. Had some difficulty in separating adhesions, and, in doing so, ruptured the tube, which appeared to be very thin in one place, causing a considerable amount of offensive pus to escape into pelvic cavity; second tube dilated and congested, more easily removed; cavity well washed out with boiled water and drainage tube left in three days; recovered without any bad symptom, excepting one superficial suture abscess, which gave very little trouble.

About three weeks after operation had a slight uterine hemorrhage, lasting four days, which appeared like an ordinary menstrual flow. Since then she has had such hemorrhages every four to six weeks, some being quite serious in character. One attack, last January, lasted three weeks, and her medical attendant, Dr. Turver, of Parkdale, was unable to control it until he applied Churchill's Tincture of Iodine to the endometrium. Apart from these hemorrhages, she has been much improved since the operation; has no pelvic pains worth mentioning, no dyspareunia, has gained in weight, and looks well. Such was her condition when I saw her, May 10th, 1887.

This is a good example of severe disease of the appendages. Both tubes were diseased, one being converted into a large abscess, with a thin wall which not only made her a confirmed invalid, but seriously imperilled her life, from the fact that the sac was likely to rupture at any time, empty its contents into the peritoneal cavity, and thus cause inevitable death. There can scarcely be any difference of opinion with reference to the advisability of operating in such a case as this if we can be certain of our diagnosis.

Is it difficult to recognize the diseases of the tubes, especially hydro-salpinx, pyo-salpinx, and hæmato-salpinx? Certainly, a few years ago we did not recognize them, but I think Mr. Tait has taught us how to make a fairly correct diagnosis. In the case which I have reported, it was quite easy to feel something in Douglas' sac behind the uterus; and yet the patient was examined by one of Toronto's best surgeons two

days before I first saw her, and nothing abnormal was detected. The tube was dilated to such an extent that its detection was unusually easy, especially by rectal examination. By the bimanual method, with one hand above the pelvis, and one or two fingers in the vagina or rectum, it could be mapped out pretty plainly throughout its whole extent, from the body of the uterus to the side of the pelvis. The second tube being dilated but little as compared with the other, could not be outlined so well.

After one has paid some attention to Tait's methods of examining such cases in the way I have indicated it becomes comparatively easy to detect dilated tubes. It is a great advantage to have a long forefinger. In my own case, I find it necessary to use two fingers, as indeed I generally do in making vaginal examinations. After we have discovered the fact that the tubes are dilated the history of the case will aid us in distinguishing the character of the fluid contained within them. Very frequently, however, there must be considerable doubt, and I don't know that this is of any very practical importance. I cannot here go minutely into points of diagnosis, but would like to refer to the great value of rectal exploration, which, I fear, is too frequently neglected. It is well at the same time to have the rectum perfectly empty, and it is frequently advisable to administer an enema for that purpose. It is, of course, important in making an examination to learn as much as we can about the condition and position of the ovaries. I have not given prominence to this fact, because the profession have been able for some time to arrive at a fairly accurate diagnosis of displaced or diseased ovaries—long before much attention was paid to the condition of the fallopian tubes.

Is disease of the uterine appendages of frequent occurrence? There has been much difference of opinion on this question. Sir Spencer Wells expressed his doubts as to the existence of such a condition at the meeting of the International Medical Congress in London, in 1882, and sneeringly added that if such cases did occur they must all go to Birmingham. Dr. Coe, of New York, stated last year, as the results of his observations in the post-mortem

room, that actual disease of the tube is far less frequent than is generally believed. This statement is too vague to furnish us much assistance. Recent records from the pathologists of different hospitals in London show beyond dispute that this condition is more common than is generally believed, notwithstanding Dr. Coe's opinion to the contrary. In 100 consecutive (or practically so) necropsies of women above the age of puberty, at the London Hospital, Dr. Lewers found dilatation of the tubes with hydro-salpinx, pyo-salpinx or hæmato-salpinx in 17 cases; in 300 at Guy's, there were 12; in the Middlesex, Dr. Fowler found 15; at the out-patient's department in Birmingham, Mr. Tait estimates that 10 per cent. of the women seeking relief have this diseased condition of the uterine appendages. As far as I can make out from available statistics from 4 to 5 per cent. of all women are afflicted with such diseases.

Do these diseases endanger life? Unquestionably they do. There can be no doubt on that point. At the necropsies before referred to at London and Guy's, it was found that out of those thus diseased, death resulted in 25 per cent., directly or indirectly, from this condition of the appendages, while out of 15 at Middlesex the number was 8, or over 50 per cent. These figures are somewhat startling, showing as they do the frequency and fatality of diseases of the uterine appendages; but apart from the dangers to life we should consider the very serious condition of confirmed and painful invalidism which commonly accompanies these diseases.

Can we cure these cases without abdominal section? Yes, in a fair proportion we can. I will not undertake to say what proportion. The most important consideration is probably this: we can try in all cases, or nearly all. I say nearly all, because I would make an exception when the probability is that the patient has a greatly dilated tube filled with pus. The danger of rupture here is so serious that the operation should not be delayed one day longer than is necessary. In all other instances I think it well to pursue for some time the line of treatment recommended by Dr. Emmett, of New York, for pelvic inflammations, by means of rest, hot douches,

iodine to roof of vagina, and perhaps small blisters externally.

According to my experience chronic inflammatory conditions outside the fallopian tubes are more easily cured by such treatment than similar conditions within the tubes which are accompanied by dilatation. I have watched the effect of treatment in a number of cases of hydro-salpinx, or of pyo-salpinx which is being converted into pyo-salpinx, for periods varying from a few weeks to over two years, and have found the results very discouraging; and I am becoming more and more convinced that in the majority of patients affected by such tubular disease no relief can be afforded excepting by the complete removal of the appendages. Until, however, I have acquired more light on the subject, I will continue to pursue suitable treatment as a general rule for some time before recommending abdominal section.

Is the operation a difficult one? In some cases it is comparatively easy, in others quite the contrary. Two of the operations in the General Hospital last year, one of Dr. Temple's and my own, for pyo-salpinx, were among the most difficult I have ever witnessed. In three of Dr. Cameron's cases, in which I was assisting, he was unable to complete the operation. One of these is of considerable interest.

CASE IV. Mrs. S., treated for about two years for pelvic inflammations. Abdominal section by Dr. Cameron. The appendages could not be removed. During the manipulations a small, thin, walled cyst, about the size of a small marble, was ruptured accidentally and removed. It was found to be attached to the intestine, abdominal wall, and the broad ligament, which was probably its original seat. To our surprise she improved after the operation, and resolution of the inflammatory products in pelvis took place, and she is now almost entirely free from pelvic symptoms.

These small, insignificant looking cysts, with the most innocent-looking contents, appear to be rather commonly attached to diseased appendages which have been accompanied by extreme pain. Can their presence give rise to the inflammatory conditions? It is quite probable they rupture frequently. Is it possible that

the fluid poured out is sometimes so irritating as to cause inflammation?

Is the operation dangerous to life? In Lawson Tait's hands the mortality is from 2 to 3 per cent. In some hospitals the mortality has been high—from 10 to 25 per cent. How can we account for the great difference in the rate? Does it arise entirely from Mr. Tait's superior skill? No; while I believe that he is the most skilful abdominal surgeon in the world, I think there are other reasons which have affected the results. In a fair proportion of cases the appendages are so completely surrounded by inflammatory products that a prolonged attempt to remove them is dangerous to life. In four out of 32 of Tait's earlier cases, he, with all his skill, was unable to complete the operation. I fear that in certain cases death has been caused by the undue zeal of surgeons who have passed the limits of safety in their efforts to complete their work. It requires a large amount of moral courage to stop sometimes at the right time. An incompleting operation is in a certain sense a failure, and is in consequence rather humiliating. The temptation to go too far and do too much is very great, but it is our duty to resist it, especially when we consider that in the majority of our patients the condition present is not immediately dangerous to life. Certainly the skill and judgment acquired by experience are of great value, but in my opinion the greatest dangers ensue from rashness and carelessness.

In Toronto there have been 24 of Tait's operations performed by Drs. Cameron, Temple, McFarlane, Strange, J. F. W. Ross, Hunter (of New York), Machell, and myself. Of these, death resulted in one case, showing a mortality of about four per cent. Two were performed for bleeding myomata, with one death; twenty-two for diseased appendages, without a death; four were incomplete. Among the incomplete three derived more or less benefit. Two operations were performed on one patient by Dr. Strange; at the first the left tube alone appeared to be diseased, and was removed with the corresponding ovary; a few months after the other tube and ovary were removed, as the first operation had not reduced the serious pelvic symptoms. This agrees with Tait's obser-

ventions, he having found the removal of only one of the tubes unsatisfactory as a rule.

As my paper is already too long, according to the limits prescribed by this Association, I cannot describe minutely our methods of operating; but I may say that as a rule we follow as far as possible the methods employed by Mr. Lawson Tait, and I think that the more closely we follow his instructions the more satisfactory do our results become. As a general thing his wonderful book is our Bible in abdominal surgery. We have not, however, his contempt for germs, and do not think of using them in making our "pads" for dressing. We endeavor to keep them at a respectable distance by the strictest cleanliness, and use boiled water and carbolized water for our fingers, sponges, and instruments—in fact, we try to carry out all the principles, if not the exact methods, of perhaps the greatest of living surgeons, Sir Joseph Lister.

SOME PRACTICAL POINTS IN ASEPTIC (OR ANTISEPTIC) MIDWIFERY.

BY J. C. CAMERON, M.D.,

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(Abstract of paper read before the Canadian Medical Association, at Hamilton, Sept. 1st, 1887.)

Now-a-days few subjects are of more interest to the general practitioner than the prevention and treatment of puerperal fever. Medical journals teem with articles more or less original, and suggest methods of treatment more or less useful; but frequently the directions given are indefinite or else dogmatic, and do not appeal sufficiently to the intelligence and judgment of the practitioner. If a man is to succeed in the treatment of puerperal troubles, he must not only have clear ideas concerning the nature of the disorder he is called upon to treat, but must also realize that no two cases require precisely the same treatment—in other words, he must learn always to treat the patient rather than the disease—otherwise his treatment is apt to be injudicious, hesitating, or uncertain, sometimes inadequate and sometimes excessive. In the immense majority of cases, puerperal fever is simply *puerperal septicæmia*. Until we thoroughly realize this fact, and intelligently

base our treatment upon it, we cannot obtain the most favorable results. But it is objected that this view presupposes a belief in the germ theory, whereas many successful surgeons do not believe in it, are not afraid of germs, and laugh at the credulity of those who are. I admit that the germ theory is not perfect, but what theory is? that it does not explain all the facts, but what theory does? Nevertheless, I contend that it explains the facts better than any other theory, and, taken as a working hypothesis, yields better results in practice than are obtainable in any other way. But if its principles are true, and its methods sound, they should be universally applicable, in obstetrics as well as in surgery, in every case at the beginning as well as at the end. Consistency and persistency are essential to good results. The views of the germ theorists, are frequently misrepresented or misunderstood, and much confusion is the result. For example, Dr. Robert Barnes, in a recent review of "Parvin's Midwifery," characterises the view that puerperal fever is puerperal septicæmia as *narrow*, because germ theorists fail to realize the fundamental importance of the state of the puerperal woman, especially the rapid transition from high vascular and nervous tension attending the up-building of tissue to the opposite state of rapid disintegration and clearing away which marks involution. He then reiterates his well-known theory of the threefold origin of puerperal fever: 1. *Endosepsis*, when the woman infects herself with her own secretions or excretions. 2. *Autosepsis*, when foul stuff is absorbed from the genital tract, and, acting upon the puerperal blood loaded with effete stuff, causes systemic poisoning. 3. *Exosepsis*, when a poison altogether foreign to the body is introduced and inoculated. Unfortunately Dr. Barnes quite misunderstands the position taken by Parvin and others. Germ theorists recognize in septicæmia the action of two distinct factors, the *seed* and the *soil*. In estimating the prospects of his crops, the prudent farmer considers the quality of his soil as well as that of his seed—good soil without seed produces no crop; neither does good seed without soil. So, in like manner, the germ theorist estimates both soil and seed; both are necessary, neither one can produce the pheno-

mena of septicæmia without the coexistence and co-operation of the other. Barnes' theory of *endosepsis* is a myth, and a very dangerous myth if believed and acted upon. If we bring ourselves to believe that a woman may develop puerperal fever in her own body, without the intervention of any external agency, we may always have a soothing salve for our consciences when we lose a puerperal patient; for, in all probability, she infected herself, the fever arose *de novo*, and of course then it could be nobody's fault but her own. I cannot condemn such teaching too strongly; it is delusive and dangerous in the extreme. When men come to realize that puerperal fever is puerperal *septicæmia*, and that the infecting germs are generally introduced through carelessness on the part of the attendants, they will feel greater personal responsibility, and their practice will be less slovenly. I can well understand an excretory organ like the kidney giving way under the increased strain suddenly put upon it during the puerperal period; but *uræmia*, not *septicæmia*, will be the result. Why not call it *uræmia*, or puerperal *uræmia*? Why confuse it with a condition whose etiology, pathology, and treatment are entirely different?

Granting, then, that puerperal fever is generally puerperal septicæmia, we have two main factors to consider, the *soil* and the *seed*:

The soil.—As Barnes has clearly shown, after labor the high vascular and nervous tension of gestation falls, and development is replaced by active demolition, absorption and excretion. The active exosmosis of pregnancy is followed by the active endosmosis of the puerpery. While the lowered vitality and vitiated blood of the puerperal woman thus provide a suitable soil for the development of the septic process, the denuded placental site and abrasions in the genital tract afford abundant points of entrance for the septic germs.

The seed.—Considered from a clinical rather than a strictly pathological standpoint, germs may be roughly divided into *aerobic* and *anerobic*. The *aerobic* require air for their development; primarily, they cause certain destructive local changes; secondarily, they set up constitutional mischief by the absorption of their products. The *anerobic* do not require air for

their development, but penetrate the tissues immediately and light up constitutional effects.

We have thus two distinct forms of septic infection, one whose effects are at first local and then constitutional, the other whose effects are constitutional from the very outset. When we have to treat cases belonging to the first class, we should at once remove the local cause and the secondary constitutional symptoms will soon disappear. But when we have to deal with cases of the second class, where constitutional infection is present from the outset, constitutional treatment alone is called for—local treatment can do no good, and may do much harm.

From these considerations a rational treatment is plainly deducible:

I. *Soil*.

1. Close the door against the entrance of infection. This is best accomplished by a careful management of the third stage of labor, and the securing of good involution.

2. Promote the activity of the excretory organs, so that there may not be excessive accumulation of waste products in the blood.

3. Provide the absorbents with an abundant supply of easily assimilable food, so that they may not absorb noxious matters.

II. *Seed*.—Keep out the germs if possible.

1. By thorough personal disinfection and the carrying out of rigid antisepsis during and after labor. These details are now familiar to every one and need not be here repeated.

2. By the use of *dry dressings*, which do away with the necessity for repeated douching; and filter the air which enters the vagina, rendering it fairly sterile.

If any septic symptoms occur, such as chill, fever, rapid pulse, foul lochia, etc., do not temperize for a few days with quinine, aconite, etc., till the diagnosis is complete and constitutional symptoms are thoroughly established, but at once try to remove any local cause of mischief which may be present. Give a vaginal douche; if that does not produce a decided effect in a few hours, give a thorough intra-uterine douche to wash away any decomposing debris that may be present. The temperature will then generally fall, perhaps permanently; but if it rise again, and you have reason to suspect the presence of a piece of adherent placenta or

retained membrane, it is better at once to curette the uterus gently with a dull curette and remove in a few moments the adherent cause of infection, than to wait for its slow removal by natural process. The sooner a local source of infection is removed the less severe will be the constitutional symptoms, and consequently the less danger to the patient. After using the curette, douche the uterus thoroughly, introduce a pencil of iodoform, containing 30 to 60 grains, apply the dry dressing, and do no more locally. If, however, in spite of local treatment, the symptoms continue, what is to be done? Local treatment is no longer needful, for the combat is no longer local but constitutional. The fight must be between the microbes and the white corpuscles—the army of the invaders and that of the defenders—and the issue will depend upon the relative strength of the combatants. If you strive to maintain the patient's strength, reinforce the blood, whip up the heart, and combat nerve prostration, you are carrying out a rational treatment. Treat constitutional puerperal septicæmia as you would treat any other rapidly exhausting disease, as diphtheria, for example. Push vigorously stimulants and assimilable food; iron, quinine, and opium are the most useful drugs.

The success of a surgeon depends not so much upon the number and variety of his instruments as upon the skill with which he uses them; so the success of the obstetrician in the treatment of puerperal troubles depends largely upon the skill with which he uses his local and constitutional remedies. Antisepsis is not the synonym of Listerism, nor is antiseptic the synonym of germicide. As septicæmia is believed to result from the action of two factors, the soil and the seed, so the antiseptic plan of treatment may run upon two distinct lines, viz., sterilizing the soil, or destroying or excluding the seed—or both plans may be combined, yet the principle remains precisely the same. Some pin their faith to carbolic acid, iodoform, iodine, corrosive sublimate, etc., and direct their attention chiefly to the destruction of the germs; while others use none of these germicide drugs, but by strict attention to cleanliness sweep away the germs and prevent the accumulation of those products in which

germs thrive and multiply. But it must be remembered that cleanliness is a very indefinite term. What is clean according to one man's ideas may be filthy according to another's. And, after all, the fact remains that no matter upon which plan you model your treatment, the more nearly you approach to perfect asepticism (or perfect cleanliness), the more satisfactory will be your results.

General *resumé* of the essential points in the aseptic system:—

1. Great care in the disinfection of hands and clothing. Scrub hands, nails and arms with soap and hot water, and then with a sublimate solution. Use a nail brush. Never make a vaginal examination without previously disinfecting the hands. Handle the parts as little as possible.
2. Give a preliminary vaginal douche, when possible, at the beginning of the second stage of labor.
3. Careful management of third stage of labor, and securing firm contraction of the uterus.
4. The dry method of dressing.
5. If the temperature rises, or lochial discharges become offensive, give a vaginal douche; if that fails, in a few hours, give an intra-uterine douche; if that fails, and the uterus is large, soft and flabby, and there is reason to suspect retained membrane or bit of placenta, gently curette the uterus, douche it out, introduce a bacillus of iodoform, and re-apply the dry dressing. If that fails, cease local treatment and commence vigorous constitutional treatment—particularly stimulants, food and iron.
6. If, later on, there is evidence of localized peritonitis, or a localized collection of pus in the abdominal cavity, the best chance will be in laparotomy and thorough cleansing and drainage of the abdominal cavity.

A colored man who had been bitten by a rattlesnake claimed to have been cured by whiskey and an application of raw chicken-flesh. It is hard to tell which had the power to effect a cure; but the colored race and the chicken draw pretty well together.—*Puck*.

A YEAR'S WORK IN ABDOMINAL SURGERY.

BY WM. GARDNER, M.D.,

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(Abstract of paper read before the Canadian Medical Association, Hamilton, Sept. 1st, 1887.)

During nine months I have opened the abdominal cavity thirty-five times. To these might be added three cases of total vaginal extirpation of the uterus, as in this respect, similar, that they involved opening of the peritoneal cavity. Of the abdominal sections sixteen were ovariectomies, all recovering; eleven removals of appendages, with one death; two for puerperal peritonitis, both dying; two for pelvic abscess, both recovering; one retroperitoneal cyst of the left loin, recovering, and two hysterectomies, which also recovered. The list of ovariectomies contained a number of cases of exceptional interest. Two were cases of twisted pedicle, in one of which—a dermoid cyst—there were alarming symptoms of peritonitis. Both ovaries were removed; washing out and the use of a drainage tube for five days were necessary. At the operation the uterus was found softened and somewhat bulky. The suspicion of pregnancy occurred, but was not seriously entertained. She recovered without a bad symptom and proved to be pregnant.

The second twisted pedicle case was in a young girl of twenty-five, and the patient had suffered severe pain for several weeks. They are instances of the sudden complications of ovarian tumors which may demand immediate operation to save the patient's life. Two were cases of sarcoma universally adherent, desperate operations. Both recovered to die some months afterwards from recurrence. In nine cases the second ovary was removed because of commencing disease. This did not affect the recovery in the least, notwithstanding Spencer Wells' experience to the contrary. Of the whole number of operations, in eleven cases washing out of the peritoneum was practised, and in seventeen the drainage tube was employed. This series of ovariectomies completes a list of thirty cases with only one death. Of the series of removals of appendages a considerable variety of cases was found. There were examples of hæmatocele with adhesions, pyosal-

pinx, hæmato-salpinx, cystic ovaries, with or without adhesions, and small cirrhotic ovaries. Some of the operations were very difficult from density of adhesions, and, but for washing out and drainage, the patients could scarcely have survived. The single death was from hemorrhage, the operation being very simple, and without doubt could have been prevented if alarm had been given in time. In several the desired results have been most prompt and satisfactory. In others it has been slow, and at first discouraging, but with ultimately most gratifying terminations. The puerperal cases were septic peritonitis, and possibly, if operation had been earlier, the lives might have been saved. They were not, however, of the class of cases in which good results may, with the best hope, be expected. These are localized collections of the products of inflammation in the pelvic peritoneum or cellular tissue and pyosalpinx or ovarian abscess, in which latent conditions have been roused to activity by parturition, and general peritonitis has followed. There is ample experience already recorded to prove that in suitable cases there is here a wide field for the saving of lives already doomed, and that the operation itself in skilled hands in no way endangers life. In the after treatment opium was withheld in all but one or two instances, and immediately on the supervention of pain, vomiting or distension, enemata and laxatives were administered and always with good results.

One of the exploratory operations was for a case which proved to be tubercular peritonitis. The patient, a delicate unmarried woman of 30, had taken ill suddenly seven weeks before the operation with violent peritonitis. After a time the acute symptoms subsided and an uneven tumor-like mass persisted in the abdomen and pelvis. She continued to suffer considerable pain, and to have bilious vomiting and great difficulty and pain from movements of the bowels. At the operation the peritoneum was thickly studded with tubercle, (this being verified by microscopic examination of a portion removed). The tumor-like mass consisted of the small intestine densely adherent in its own coils and to everything within reach. The adhesions were partially separated and a drain-

age tube inserted. The result was recovery from the operation and great relief to all the symptoms, the bowels acting spontaneously and with little pain, and the vomiting ceasing. She lived six weeks. In the vaginal total extirpations of the uterus, clamps were used to secure the upper part of the broad ligaments. These clamps were left *in situ* about sixty hours and then cautiously removed. Martin's method of drainage of the Douglas pouch by a T drainage-tube was employed. All three made easy and rapid recoveries.

PUERPERAL FEVER.

BY T. K. HOLMES, M.D., OF CHATHAM.

(Abstract of paper read at Meeting of Ontario Medical Association.)

He referred to the causes of this disease generally recognized by writers, and read reports of six cases which were shown to be due to stagnant air in the lying-in chamber. The six cases were quite similar in character, were marked by frequent irregular chills and high temperature, and, indeed, presented the features of true puerperal septicæmia. They all occurred in houses having no sewer connections, but which were built on level, low, undrained soil, and which was moist even in dry weather. The space between the ground and the sills of the houses was tightly boarded up so as to prevent motion of the enclosed air.

Four of the cases occurred in the same block, three in adjacent houses, within a year, and two of the four proved fatal in spite of every effort of the writer and of other physicians who saw them.

The circumstances attending the cases were such as to preclude the possibility of contagion through physician or attendants. Antiseptic intra-uterine injections, faithfully tried, did no apparent good, but, on the contrary, were so frequently followed almost immediately by chills that some of the patients became afraid of their use.

All measures proving unavailing in the last two cases, Dr. Holmes had them removed to houses with good sanitary arrangements, when immediate improvement began, and went on to perfect recovery. The convalescence was so prompt and unchecked as to leave no doubt that it was entirely due to the change of air.

REPORT OF THE COMMITTEE ON HYGIENE.

BY J. J. CASSIDY, M.D.

(Read before the Canadian Medical Association, Hamilton, August 31st.)

At the last meeting of this Association, which took place at Quebec, in August, 1886, I submitted for your consideration some criticisms on the then recently issued quarantine regulations of the Canadian Government. While prepared to give a general approval to these regulations, the Provincial Board of Health of Ontario, of which I was then a delegate to this Association, felt called upon to suggest a few improvements. In a general way, however, those present at that meeting were well pleased with the provisions of the new proclamation, and we thought that a great advance had been made in the quarantine of the St. Lawrence River. As an expression of that feeling of satisfaction it was moved by Dr. Eccles, of London, seconded by Dr. Daniel Clark, of Toronto, "That the Canadian Medical Association, views with pleasure the action taken by the Dominion Government in the issue of the quarantine regulations, which have been put in force during the present month. We consider the prompt and thorough enforcement of the aforesaid regulations will be of incalculable benefit to the health interests of the country, and moreover, it is our opinion that when intelligently applied they are calculated to conserve the best interests of the trade and commerce of the Dominion."

In detailing the proceedings of our meeting of last year to the Provincial Board of Health of Ontario, last October, I reported as follows: "Owing to valuable information obtained from various sources I may inform the Board that if a system of quarantine inspection, efficient, and yet not vexatious, is to be carried out at Grosse-Isle, three things will be necessary. In the first place, a wharf, extending into deep water, will have to be constructed at the Grosse Isle quarantine station; in the second place, the inspection of incoming ocean vessels, which do not carry the mails, equally with those which do carry them, will have to be made at whatever time in the twenty-four hours they arrive at the

quarantine station; in the third place, the inspecting staff at Grosse-Isle will have to be doubled, one set of officials attending to the work of inspection between the hours of sunrise and sunset, and another during the other hours of the day. In the absence of any such convenience at present, the construction of a wharf, extending into deep water, at the Grosse-Isle station, is necessary in order to enable ocean vessels to come alongside to be inspected, and subsequently subjected to whatever procedures the exigencies of the case and the quarantine regulations may call for, with the shortest possible detention.

"If the inspection of ALL vessels were made as soon as they arrive at Grosse-Isle, they would be enabled to proceed at once, if permitted, to the ports of Quebec or Montreal, and thus save many hours of valuable time, which would otherwise be lost, while waiting for the visit of the inspecting officer, or while subsequently waiting for a favorable tide to enable them to overcome the difficulties of navigation in the St. Lawrence River at Cap des Roches. In explanation of this last observation, I may say that vessels of large draught cannot pass Cap des Roches unless at high tide, and a detention of a few hours at Grosse-Isle may compel them to wait for twenty-four hours in the stream in order to get a favorable tide. In defence of the view here expressed, it may be contended that the difficulties of navigation in the St. Lawrence River, as compared with ocean ports, such as New York, seem to call for a special system of quarantine inspection, if Canadian vessels are not to be put to a great disadvantage in the point of rapidity of transit, as compared with their American rivals.

"If this plan should be favorably entertained by the Dominion Government, it would be necessary to double the inspecting staff at Grosse-Isle. The construction of a wharf and the increase of the staff at Grosse-Isle need not necessarily entail a large expenditure; and, if carried out, they would certainly enable Canadian steamship companies to submit their vessels to satisfactory quarantine inspection without interfering with that rapidity of transit from port to port, which is every day becoming a more marked feature of ocean travel."

So much respecting the regulations for 1886.

In the *Canada Gazette*, published July 23rd, 1887, a proclamation is issued, establishing new quarantine regulations. The most notable change introduced is mentioned in Section 16, which reads as follows:—"The hour during which quarantine inspection, the mail steamships excepted, shall take place at any quarantine station or any port in Canada, shall be between sunrise and sunset, with the further exception, that at the quarantine station of Grosse-Isle, inspection will be made during any hour of the twenty-four." It is also further provided that "vessels arriving at the quarantine station at Grosse-Isle by night shall display a red light as a signal to inform the inspecting officer of their arrival."

The wharf extending into deep water is not yet built, and, consequently, among other annoyances, the process of disinfecting vessels is carried on at a great disadvantage. Dr. Chas. W. Covernton, ex-chairman of the Provincial Board of Health of Ontario, who witnessed this summer an effort made by the inspecting officer at Grosse-Isle to disinfect a large ocean vessel, informed his Board that owing to the roughness of the water out in the stream, the disinfecting process was accomplished only with the greatest difficulty. Were the disinfection done at a wharf, it is quite evident that the work could be done quickly, safely, and with satisfaction to all concerned.

During the fearful outbreak of small-pox in Montreal, in 1885, the Provincial Government of Quebec found it advisable to establish a Central Board of Health. It was a prudent step, and proved of great benefit to that Province. The Board thus created, having been established in order to meet an emergency, was allowed to lapse when the danger had passed.

It is pleasing, however, to learn that the Provincial Government of Quebec have thought proper to follow the lead of Ontario in establishing, by statute, a Provincial Board of Health for Quebec.

The task before the new Board will be difficult, but they have compensating advantages. Among the French-Canadian people cleanliness ranks next to godliness, and all sanitarians know that if thorough, exact, painstaking, hygienic

cleanliness be practised in families, their dwellings and all their surroundings, the work of preventing or controlling even severe infectious diseases is comparatively simple. It is to be hoped also, now that the French-Canadian people have the opportunity of managing their own sanitary affairs, that the sources of their vaccine supply will be placed under such a system of inspection, controlled by the Provincial Board of Health, that the French-Canadian people will cease all further opposition to vaccination and unite with all other Canadians in fighting small-pox by isolation and disinfection, but, above all, by vaccination.

With regard to the progress of hygiene in the less populous provinces of the Dominion, during the past year, I cannot notice any signal advance, but will be glad to hear the views of any physician present who may desire to speak for them.

Owing to the wide diffusion of the publications and regular annual reports of the Provincial Board of Health of Ontario, we are in a position to judge of the progress of sanitary reform in this Province since 1882. The retrospect is very satisfactory. It is generally acknowledged that the Board has done excellent work. The people also have shown their appreciation of good health and its attendant blessings by establishing Local Health Boards in 510 of the 650 municipalities of this Province; and in 275 of these municipalities a medical health officer has also been appointed. In many instances indeed the medical health officer works without remuneration, thus affording the public the extraordinary spectacle of an official industriously engaged in limiting the spread of disease, the treatment of which is ordinarily his principal source of revenue. It is to be hoped, however, that the intelligent and public-spirited people of Ontario will not long continue to follow so short-sighted a course of action towards their medical health officers, but recognising their usefulness and the sacrifices they make in directing the efforts of unskilled laymen in checking the progress of epidemic disease, will instruct their civic representatives to provide a handsome recompense for services so generously rendered.

As an instance of the growth of a feeling in favor of sanitary reform in Ontario, I may allude to the Sanitary Convention, held on the 17th and 18th of May of this year in the town of Woodstock. After mentioning the list of papers read at the Convention, and describing in eulogistic terms the general character of the meetings, the author of the report continued as follows:—

From what I have observed in connection with hygiene in this Province during the past five years, I would venture to assert that, with the growth of a new generation, instructed during their school days in the essentials of sanitation, health matters in this Province will, by the end of this century, have assumed an entirely different aspect. It is scarcely reasonable to expect that people should feel a great interest in the discussion of matters about which they know little. The rising generation of Ontario, however, will receive at least a rudimentary instruction in sanitary science, and when they take their places in the world as the men and women of the coming time, the words which are strange, the discussions and remonstrances which are abstruse or pedantic to the people of the present day will, to their ears, seem not unfamiliar or unnecessary, and the strange spectacle will not be presented of physicians endeavoring to make a half unwilling people adopt such rules of conduct as are best calculated to promote happiness and health by removing from their paths the omnipresent agents of disease.

THE ALBUMINURIA OF PREGNANCY.

BY J. CAMPBELL M.D., SEAFORTH, ONT.

(Abstract of paper read before the Canadian Medical Association, Sept. 1st, 1887.)

It is solely with the object of drawing your attention to a very important subject, so that we may have a free interchange of ideas thereon, and if possible agree upon the best methods of preventing the loss of many valuable lives, and not with the intention of throwing a flood of light upon the matter—that I present the following report for your careful consideration: I was called in great haste, early in the morning of the 9th of March last, to see Mrs. H—,

the messenger stating that she had taken "a fit." I reached her as soon as I could, considering that eight miles of rough roads lay between us, and I found her in a confused, dazed condition, and from explanations given by the husband and friends, I arrived at the conclusion that she must have had an eclamptic seizure. Moreover, the symptoms indicated that she would likely have another convulsion.

She complained of pain in the stomach; dimness of vision, sounds in the ears, trembling of the body, twitching of the limbs, difficulty of breathing, and a blinding headache.

Upon examination I found that her face, arms, and legs were swollen; pulse 120, temperature 101°; pupils contracted, respiration irregular, and her countenance had a wild expression, which is not easy to describe.

Before speaking of the treatment, which was necessarily prompt, the symptoms being so urgent, I will give a brief history of the case. The patient was thirty-five years of age, a native of Canada, pregnant for the third time, and, as was supposed, about the eighth month. Her two previous confinements were natural, though the legs had swollen considerably each time. She had been troubled a good deal this time with "vomiting of pregnancy." About two months before I saw her she complained of a pain over the region of the kidneys. She noticed that the urine was scanty and highly colored. She had no headache until the day before she took "the fit." Her appetite was poor, and she was nervous and sleepless. Having Wyeth's cabinet for testing urine along with me, I did so at once, with the following results: The urine was of acid reaction, specific gravity 1020; heat and nitric acid showed albumen to be present; microscopic examination negative.

Treatment.—As convulsions were evidently threatening, I put her under the full influence of chloral hydrate, and left orders that when she awoke she should be purged freely with pulv. jalap. co., unless symptoms of "fits" were still showing themselves, when the chloral was to be repeated at short intervals, as before, until the full effect of the drug was produced. The fluid extract of jaborandi was to be given in drachm doses, and was to be alternated with

the purgative. This drug was to be given until sweating and salivation were produced. The diuretic effect of this medicine was also to be watched. Tr. fer. mur. was given to improve the condition of the blood. She was enjoined to have nothing tight about the body, and instructed to lie on the side and, if possible, partly on the face, to relieve as much as she could the congested kidneys; was ordered fresh air, quietness and milk diet. Hot linseed-meal poultices were applied to the region of the kidneys. The urine was tested carefully every day until there was a marked improvement of all the symptoms, and then every second day until time of delivery. Consultations were held with Drs. Scott and Hanover in reference to the treatment and also as to the propriety of inducing premature labor. Both gentlemen advised me to wait until labor came on—provided always that no dangerous symptoms should call for obstetrical interference.

On the 25th of March, exactly sixteen days from the date of my first visit, I received a message to come immediately and bring another doctor with me, as labor had begun. My medical friend and myself reached the house in time to find the child dressed and the placenta expelled. To our agreeable surprise, there was no *post partum* hemorrhage—a complication which is apt to take place in such cases. The woman continued to do well, without having a bad symptom of any kind. She left her bed in two weeks. The tonic treatment and the careful method of dieting was continued for several weeks after delivery.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

ANTIPYRINE.

The application of antipyrine seems to extend day by day. Professor Germain See is one of its decided partisans in its use against pain, and goes so far as to count on it in the place of morphine. Its easy solubility allows of its use in subcutaneous injections, and Dr. See adopts this form for rheumatic pains in half-gramme doses. It must be stated, how-

ever, that at the same time three grammes are given by the mouth, with the result of nearly always calming the pain both in chronic rheumatism and in acute gout.

M. Chouppe reports to the *Société de Biologie* that he had occasion to employ antipyrine in rectal injections to calm uterine colic. In one case a woman was suffering with intense after-birth pains, and an injection containing one gramme of the drug removed the pain. It returned after several hours, but a second injection was given with the result of a definite cure. A second observation was that upon a woman who for several years had violent colic at every menstrual period, which lasted several hours at a time; relief could only be obtained with great difficulty by the use of doses of laudanum or chloral large enough to produce profound sleep. At her last menstrual period, during a most violent attack of pain, one gramme of antipyrine was given by rectal injection, with the result of complete and definite calm being established within a quarter of an hour.

The same author also spoke of the "Reciprocal Action of Antipyrine and Strychnine." He made a number of experiments to see if antipyrine in large doses would modify the form and intensity of strychnine-convulsions, according to a suggestion of Professor Brown-Sequard. He found that the convulsions produced in animals by antipyrine did not at all resemble those of strychnine in three important points: 1st, they were not brought on by peripheric excitation; 2nd, their form was not so tetanic, they consisted of a series of rapid clonic convulsions without any real tetanization of the muscles; 3rd, they did not act so much on the muscles of respiration, and this function was not at all suspended with danger of asphyxia, as in strychnine convulsions. Adding the action of strychnine to antipyrine, M. Chouppe injected into the veins of an animal which was already in a state of convulsion from antipyrine a dose of strychnine that should have killed it; but the antipyrine convulsions were simply replaced by strychnine convulsions, and the animal did not die. Then a stronger dose of antipyrine was injected into its veins, which caused the strychnine form to

give way to the antipyrine convulsions. The result of various experiments seems to establish that the action of antipyrine to some extent prevents the convulsions of strychnine by reducing the power of the spinal marrow.—*Paris Correspondent Medical Times*.

MILK CASEIN AS AN EMULSIFYING AGENT.

M. Leger has made a communication to the *Société de Pharmacie* that is of considerable therapeutical interest. It relates to milk casein as an emulsifying agent. Emulsions made with it seem to be much more perfect and stable than any of the preparations made with the various gums, and they have the very great advantage of being supported by the most delicate stomachs, which, as we all know, can not be said of the emulsions made with mucilages. M. Cadet de Gassicourt has tried it with children at the Trousseau, and finds that with castor-oil it forms an emulsion which the children take without the slightest disgust, and which is better tolerated than any other form. Certainly, if we can approach the natural emulsions, it is an achievement much to be desired. In milk, the oily part is held in suspension by an albuminoid—casein—which can be precipitated from it by acetic acid, so that an emulsion prepared with this substance would be a sort of milk having the butter replaced by a medicinal substance. It is well known that not only castor-oil but cod-liver oil and other oils are best tolerated in this form.

To prepare milk casein, shake together four litres (about five pints) of milk, and sixty grammes (about two ounces) of ammonia-water, and let the mixture stand for twenty-four hours, when it will be found to have separated into two layers, the upper one containing the oily matters, and the lower one consisting of whey. The liquid is now decanted, and crystallization is effected with acetic acid, as before mentioned. The magma is compressed, and ten grammes (about one hundred and fifty grains) of sodium bicarbonate are added. The casein dissolves, and, if a certain quantity of sugar is added, the saccharate of casein can be isolated in the form of a powder which will contain

10 per cent. of soluble casein. This keeps well, and has a slight odor like that of pastry. As to its use: Emulsions of all substances that dissolve readily in alcohol—such as balsams, resins, etc.—can be made in the bottle itself, so that a physician may prescribe it by ordering the substance to be dissolved in the smallest quantity of alcohol, the saccharate of casein to be added dissolved in its weight of water, and syrup or water added as may be desired. For an emulsion of one hundred and twenty-five parts, add ten parts of the saccharate of casein. For the insoluble oils, the emulsion must be made in a mortar, the gums ordinarily used being replaced by the same quantity of the casein saccharate.—*Paris Correspondent of the N. Y. Medical Journal.*

TREATMENT OF ANAL FISSURE AND HEMORRHOIDS BY GRADUAL DILATATION.

H. O. Walker, M.D., of Detroit, says in the *N. Y. Medical Journal*: Anal fissure, or irritable ulcer, according to statistics, ranks third in frequency among the diseases of the rectum, is found in the infant as well as in the octogenarian, and is due principally to the passage of hardened fæces through the sphincters. Although insignificant in character, it causes fully as much exquisite agony as any ill that human flesh is heir to. Very many simple fissures get well promptly, but where, by frequent mechanical irritation, they come to stay, it is then that beneficial treatment is desirable. The following is one of his cases illustrating his method of treatment:

CASE I. L. M., aged forty-one years, book-keeper by occupation, consulted me in January, 1874, for a rectal trouble which he called "piles," that had troubled him more or less for several years, and for several months had been very annoying. Lately he stated defecation was followed for several hours with excruciating pain, and at times there was considerable loss of blood while at stool. On examination, I found a marked protrusion of hemorrhoids, and, by separating the parts exposed to view posteriorly, a fissure of the anus extending well up.

The nature of the trouble was explained to

him, and the necessity of an operation for its cure. The operation proposed was forcible dilatation of the external sphincter, and ligation of the hemorrhoids.

This he emphatically refused to have done, and asked if I could not do something in a palliative way. I accordingly directed the use of ext. belladonnæ, gr. $\frac{1}{4}$, ext. stramonii, gr. $\frac{1}{2}$, in the form of a suppository at bed-time, together with the following application to the parts: Glycerin, 3 vij. and tannic acid, 3 j. After following this treatment for some time with little or no benefit, he consented to allow me to introduce my index finger into the rectum, which I did. Next day he returned, stating that he felt better. I then, after considerable solicitation, introduced a bivalve rectal speculum, slightly separating the blades, and allowing it to remain *in situ* for about two minutes. This procedure I continued daily, gradually increasing the dilatation at each sitting until the blades were separated to their fullest extent, about two inches in diameter. My patient continued to improve gradually until there was an entire subsidence of all previous symptoms, with a thorough healing of the fissure and an absorption of the hemorrhoidal tumors. The constipation (which I forgot to mention) also disappeared. The entire treatment lasted about five weeks, not being employed daily after the first week, but at intervals of every two to four days. Since that time there has been no return of the trouble.

The doctor says, in conclusion, the treatment of anal fissure and hemorrhoids by gradual dilatation:

1st. Is almost painless, at least after the first two or three distensions.

2nd. It does not tear the parts; nor does it produce paresis, as occasionally occurs after forcible dilatation.

3d. Neither does it leave cicatrices that are apt to produce stricture, as in the method of hypodermic injection or ligation of hemorrhoids.

THE ANATOMY OF MELANCHOLY.—"There is no doubt," says Sir John Lubbock, "some selfish satisfaction in yielding to melancholy, in brooding over grievances, especially if more or less imaginary, in fancying that we are victims

of fate. To be bright and cheerful often requires an effort. There is a certain art in keeping ourselves happy; in this respect as in others, we require to watch over and manage ourselves almost as if we were somebody else."—*Medical Press and Circular*.

REMOVAL OF NEEDLE FROM HEART.

Stetzner.—A student, after a spree, sought to commit suicide by driving a sewing needle into his heart. Twelve hours after the introduction of the needle the first serious symptoms made their appearance. He then had pain in the cardiac region, difficulty in breathing, and a loud pericardial murmur at the apex. After thirty-six hours the symptoms became so very serious that an operation for the removal of the foreign body was determined upon. No trace of the needle being found either under the skin or in the intercostal space, a piece of the fifth rib was resected, thus opening up the left pleural cavity; then the pericardium was opened up, and about a teaspoonful of cloudy pericardial fluid ran out, and now the needle could be felt lying diagonally in the right ventricle. They succeeded in driving its head out through the anterior wall of the heart, and then fixing it in this position with the fingernail. The irregular and violent beating of the heart made it very difficult to catch the foreign body with the forceps, and, in attempting it, it again slipped into the ventricle, but this time assuming a vertical instead of a diagonal position, rendering it impossible to make any further attempt at its removal; and besides this, an iodoform tampon, used to block up the hole into the pleural cavity, was drawn into the cavity by a very deep inspiratory effort. The tampon could not be found again. The wound was thoroughly tamponed, and the patient recovered in four weeks, although in the meantime he had suffered from a severe pneumo-thorax, with a copious exudation. At present the patient enjoys good health, and feels no effects from his escapade. There is neither heart murmur nor abnormal pulse, nor any trace whatever of the pleural exudation. Where the needle now is, is, of course, mere matter of speculation; it may be in the heart, or it may have gone on into the mediastinum.

Dr. Iver Hardt has collected together, out of medical literature, twenty-two cases of needle in the heart, of which nineteen were found accidentally on making autopsies. In three cases the needles had been driven into the heart accidentally, and penetrated such a short distance that they were easily extracted.

No case similar to the present, in which the heart has been laid bare by splitting the pericardium, is mentioned in medical literature.

Discussion.—Hahn, of Berlin, showed the half of a knitting needle which V. Bergmann had removed from the heart of a girl eleven years of age. It had been driven into her breast by a blow from a slipper. The patient suffered immediately from asphyxia, and was removed to the hospital. Under the left third rib, between the parasternal and mamillary lines, a black point could be seen, which was felt to be the end of the needle. There was a blowing, systolic murmur at the apex. As the needle was slowly withdrawn, it was seen to have a distinctly pendulum movement. Immediately after the extraction, the previously very rapid pulse sank to ninety per minute. The needle was withdrawn very slowly, in order to give time for a clot to form in the punctured wound, and thus avoid hemorrhage into the pericardial sack, which, in some cases of punctured wound of the heart, has been the cause of death. Von Bergmann said that he thought there should be no doubt in this case of the puncture of the heart muscle by the needle, because the murmur changed in character while the needle was being withdrawn, and when completely removed, the murmur ceased entirely.—*Centralblatt f. Chirurgie*. Translated by D. W. Montgomery, M.D., for *Pacific Medical and Surgical Journal*.

SALICIN IN SCARLET FEVER—Mr. W. P. Meharry, of Belfast, says: "My experience has convinced me that the pure alkaloid (salicin itself) is by far the best form to administer the willow in this affection. If given early, after a free purge, the disease will certainly be arrested, but if the tonsils have become much swollen and hard, or if the pus has formed, nothing will prove effectual, and the disease will run its course. In scarlatina, especially

in that form known as scarlatina anginosa, salicin is of great value. In those cases of simple scarlatina in which the disease is prolonged by the throat complication, salicin immediately effects a cure. I have treated during the last three years twenty-seven or twenty-eight of such cases, and in no instance has failure occurred. I do not consider it necessary or prudent to administer it in every case of scarlatina as a routine treatment. Salicylate of sodium should not be given, as poisonous symptoms set in when it is administered in large doses to young children. I generally give to a child 4 or 5 years of age five grains of salicin every two hours until the temperature becomes normal; afterwards the same quantity three times daily for a few days to prevent a relapse.—*British Medical Journal*.

ON THE DIAGNOSIS OF ACUTE MENINGITIS.

Prof. Schultze has reported his observations in three cases in the Medical Clinic in Heidelberg, in which, from a clinical standpoint, a diagnosis of acute meningitis must be made, but at the *post mortem*, however, there were no microscopic appearances of meningitis present. A closer histological examination also showed no evidences of the usual forms of meningitis, but merely accumulations of cells about single vessels of the dura mater, and, in the first case, there were a few round cells also in the pia mater outside the vessels. Considerably enlarged, however, especially in the first of the communicated cases, were the vessels of the brain and spinal cord; also in the substance of the central nerve system were abnormal cell accumulations. It is possible, therefore, to have a clinical picture of meningitis independent of the usual anatomical form of the inflammation through disease of the central nerve system itself; as, however, meningitis with myelitis can exist and advance with increasing acute paralysis without all the usual meningeal symptoms, so, indeed, on the other hand, every symptom must not be attributed to deep destruction of certain parts of the brain and spinal cord, but rather should be referred to the nature of the existing infection, or poison, and its

peculiar effect on the nerve system. In Curschmann's observations on typhoid bacilli in the spinal cord of a patient, dead from advancing paralysis, we possess the first intimation in this direction.—*Med. Chirurg. Recordschau*.

MR. LAWSON TAIT AT THE BRITISH MEDICAL ASSOCIATION.—Mr. Tait, who was present, said that the reports just read would show how he selected his cases. This cry about the selection of cases is an absolute falsehood. I care not who says it. One case reported here was one I would certainly have been excused from operating on. The woman was brought in in a state of collapse, almost dead. I had done 300 laparotomies with but few deaths, and I did not care, I assure you, to add another. I confess it was a temptation to refuse, but I thought I must give the woman a chance for her life, slight as it may be. The result was wonderful. Suppose some one of our "tramp visitors" had come along and seen this case; he would have gone away saying: "Lawson Tait is the most reckless operator I ever saw."

Dr. Richard Barnes, of London, expressed unqualified admiration of Mr. Tait and his results. He thought the surgery of the abdomen and of the brain were epochs in surgery. He was glad to know that they were British productions, and that we were not indebted for them to the Germans.

Dr. W. H. Humiston, of Cleveland, O., said that he was one of these "tramp visitors" who was excluded by Mr. Tait. He had heard Mr. Tait abused and called a liar in Germany, but it was done by those "tramp visitors," scamps and scalawags, who went once or twice, and then went away to criticize. If you want to study a man's methods go and stay long enough to know them.

Mr. Tait: the "tramp" does mischief in more ways than one, and I'll have nothing more to do with him. He is doing mischief on the other side of the Atlantic. There are two kinds of doctors in America as well as in England. Some know something, others do not. I have had doctors come from America, bring their wives and families and stay six months. I taught them all I could. Others

came once or twice, went away, and knew more than those who had tarried six months.

No case of puerperal peritonitis ought to be left to die without the abdomen being opened, and I believe the day will come when we will make a large number of operations in the median line for hernia.

Several other speeches laudatory of Mr. Tait and his methods were made.—*The Med. and Surg. Reporter.*

ANTIPYRINE.—Antipyrine is not only a powerful antithermic, but also one of the most active remedies against pain. M. Germain Sée remarks, that to realize the remarkable analgeic effects, it suffices to employ it in rheumatismal or gouty affections with marked arthritic pain, or in nervous affections that are solely characterised by pain. In fifteen patients with sub-acute rheumatism or hydrarthrosis, the pain and articular engorgement disappeared in a few days, without relapse, when care was taken to continue the remedy in small doses for about a week. The same effects were observed in attacks of acute gout, ensuing or not on chronic gout, with deposit of urates or tophus in the joints of the upper or lower extremity; antipyrine in doses of from four to six grammes caused the pain and swelling to disappear in from two to four days, without injurious effect on the heart or kidneys. It is especially in nervous troubles of sensibility, that antipyrine is most effectual. M. Sée has seen facial neuralgia, chronic and repeated migraines, headaches due at first to other causes, cured in a few hours by one to two grammes of antipyrine. He cites numerous affections against which antipyrine was used with most happy results: neuralgias, neuritis, lumbago, etc.; finally, general dorsal neuro-muscular pains and painful muscular fatigue, such as are often observed in over-worked and neuropathic individuals, diseases of the heart, and especially of the aorta and coronary arteries, which betray themselves by local pain at the apex or base, with radiations to the shoulders, neck and left arm yielded rapidly, in six cardio-aortic and three aneurismal cases under the influence of four or five grammes of antipyrine, frequently repeated, without alteration of either the force

or regularity of the cardiac beats, and the remedy could be continued for a long time without inconvenience. In all these kinds of disease, so diverse, with nothing in common but the element of pain, the dose of antipyrine was from three grammes as a minimum to six grammes maximum, administered in solutions at intervals of from one to four hours.—*Progrès Medical.*

DR. SENN ON THE HEIDELBERG STUDENTS.—A look at the straggling students that remained during vacation must satisfy even the most superficial observer that the four years prescribed for study are not spent exclusively in the lecture-rooms, hospitals and laboratories, or burning the midnight oil in boarding houses, as, almost without exception, they present a florid, healthy appearance, not at all suggestive of hard mental work. Every student wears his mark of honor, from one to twenty-four scars, indicative of the number of times he has been marked by his opponent in the defence of a real or imaginary question of honor. As a rule, the left side of the face is disfigured; but when this has been converted into a checker-board, incapable of receiving further impressions, it seems it becomes necessary to attack the other side, in order to increase the surface for recording the number of times he had met his man. These scars are a study in themselves. In size they vary from a mere scratch to a complete division of a cheek. You can see recent scars, with an exuberance of granulation tissue and a high degree of vascularization, and the linear depressed scars of old veterans upon the field of honor, which have left the face in all stages of contraction and distortion. Many of the faces, as far as looks are concerned, to the sight of an ordinary individual, are maimed for life, but among students a man appears to be appreciated by the number of scars he can show. These passports prove for him at all times and at all places that he has been a student, and as such they possess an intrinsic value. One of the assistants in the hospital had so many marks that for the sake of curiosity I made repeated attempts to count them, but had to abandon the task as insurmountable as the counting of the stars of the firmament.—*Journal of American Medical Association.*

MEDICAL ETHICS.—The greed of gain or the pressure of poverty frequently urges medical men to pursue methods injurious to their brothers in the profession, and which, if universally adopted, would be disastrous to the public. Instead of trying to preserve the right, they endeavor to walk as near as possible to the dividing line between quackery and legitimate medicine without stepping over to the wrong side; they are like children trying how close they can run to the flame without being burned; they are quacks at heart, but lack the courage. As an instance, we know of one prominent medical man in this State who believes himself to be better qualified in certain departments of general practice than the other members of the profession, and he desires to know "how he may inform the public of the fact without violating the code of ethics." Perhaps some one of our readers who has a smaller foot, a lighter boot, and a more angelic temper than our own will kindly inform him. We have been asked the difference between such an individual as this and a specialist, and could reply that a specialist does not *claim* greater skill even in his own department than belongs to the general practitioner, he only announces that he devotes his attention and time exclusively to certain subjects, and leaves the public to infer that, intellectual development being about the average, he should be pre-eminent in these branches.—*Pacific Med. and Surg. Jour.*

MICROBES AND SUPPURATION.—A. Zuckermann relates his experiments upon suppuration, which have led him to these conclusions: That no chemical, mechanical, or thermic influences can excite suppuration if they are wholly free from microbes, and in cases where these causes apparently act it is probably through some pyogenic microbe; for substances chemically pure may be mycotically impure; thus, some disinfectants are not always free from microbes. The varieties of microbes known to cause suppuration are staphylococcus pyogenes aureus, albus, and citreus; streptococcus pyogenes; and in fetid abscesses, bacillus pyogenes estidus. Inoculations with staphylococcus and streptococcus produce fatal results if injected in large amounts into animals, or lead to suppuration if

death do not occur. The pyogenic microbes must have a very general distribution of nature; they may enter the body through the air-passages, the intestinal canal, and especially the skin, and by means of small wounds to the orifices of the cutaneous glands. Staphylococcus is more frequent than the streptococcus pyogenes.—*Deutsche Medizinal Zeitung*—*London Lancet.*

TYPHOID BACILLI IN THE BLOOD.—The results of investigations of the blood for typhoid bacilli have been contradictory, but Ruetimeyer approaches the question with the employment of all necessary caution. The blood was taken from the spots of the eruption. Of six typhoid cases, one in the first week and five in the second, sixteen original cultures were made from thirteen different spots by about fifty-five punctures, and were put into test tubes; fifteen of the original cultures remained sterile and only in one culture from two punctures there developed itself in the course of some days a small grayish spot, which the microscope showed to consist of bacilli, showing the character of typhoid bacilli. These results are of general interest, but for diagnostic purposes can only apply to a few cases.—*Medical Reporter.*

ANTIPYRINE IN PREGNANCY CONTRAINDICATED (P. Chéron).—To a young woman seven and a-half months pregnant, who had typhoid fever, one gramme of antipyrine in two doses, at 5 hours' interval, was given. Temperature fell from 42.5 to 34.5 (108.5 to 91.1). Cramps, difficult speech, deafness, and intellectual dulness followed, and required application of heat and diffusible stimulants. A second trial of 0 gr. 40 centigr., in doses at 3 hours' intervals, was followed by the same symptoms. Still smaller doses caused no alarming symptoms but had no effect on the fever.—*L'Union Med.*

BEWARE OF S. M. MILLER, M.D.!—In many of our exchanges we notice complaints from those who have been defrauded by this man in Philadelphia, who at various times has flooded the mails with printed postal cards offering to furnish medical books at greatly reduced prices. After he receives the money

nothing more can be heard from him. Beware of him!—*Practice*.

We endorse the above, and know of the swindling character of S. M. Miller, M.D., of Philadelphia.—*Lancet-Clinic*.

["Me, too."]

NITROGLYCERINE IN NEPHRITIS AND URÆMIA.

—Dr. S. A. Lentovsky, of the Cronstadt Marine Hospital, employed nitroglycerine (in tablets containing 1-100th of a grain of the drug) and hot water baths in four cases, three of which are given with minute details. In two of the patients the daily amount of urine rapidly increased, while albuminuria and dropsy disappeared and the patient's subjective feeling and general state strikingly improved. In a third case the improvement was but fleeting, the patient dying after a short stay at the hospital. The post-mortem examination showed that he had not suffered from nephritis, but from an extensive amyloid degeneration of the kidneys and spleen. The remaining case illustrates the beneficial action of nitroglycerine on uræmic symptoms. The patient, a girl of 15, was brought in an almost unconscious state, with general convulsions, frequent vomiting (the ejected matter smelling of urine), extensive dropsy, stertorous frequent breathing, and small pulse. Nitroglycerine and hot baths having been at once ordered, on the next day the girl was able to sit up in her bed, ate with appetite, and generally felt comparatively well. —*London Medical Journal*.

EFFECT OF CARBOLIC ACID ON TEMPERATURE.—Dr. H. A. Hare draws the following conclusions from a number of experiments:—

1. Carbolic acid possesses considerable power in lowering normal bodily temperature.

2. It possesses more influence over pyretic temperature than does salicylic acid, generally preventing a rise or causing a fall of temperature, but sometimes failing to do so.

3. Carbolic acid probably decreases arterial pressure when lowering temperature.

4. That its mode of decreasing normal bodily temperature is as yet not fully understood, although it would seem probable that it acts on both heat functions.

5. When influencing bodily heat in fever it acts chiefly by decreasing production, although it affects both functions.—*Therapeutic Gazette*.

Therapeutical Notes.

AGALACTIA.—Fl. ext. of jaborandi is said to be a specific in certain cases of agalactia.

A SOLVENT FOR ANTIFEBRIN.—Dr. Prægler, of Fort Wayne, finds the aromatic spirits of ammonia a good solvent for antifebrin.

Sugar of milk has the property of rapidly dissolving the calcareous deposit between the teeth. It therefore forms a valuable dentrifice.

TETANUS.—From an antagonistic standpoint, of all remedies proposed for remedial treatment of tetanus, none are comparable to nicotine or preparation of tobacco.

AS AN INJECTION IN BLENNORRHOEA.—

R Salol.....	10.0
Gummi Arab	5.0
Aqua distill.....	200.0 ℥.

AS AN HYPNOTIC.—

R Methylali	1.00
Syr. simpl.....	100.00
℥. Sig. One drachm to the dose.	

IN DIABETES.—

R Sodæ arsenici.....	0.20
Aqua distill	500.00

℥. Sig. A teaspoonful in soda water to be taken three times a day. Also can be mixed with wine.—*Centralblatt für Therapie*.

LISTERINE.—

Thymol.....	6 grains.
Boric acid.....	30 "
Ol eucalyptus	4 minims.
Ol gaulthene	1 "
Alcohol	½ fl. oz.
Glycerine	½ "
Water	q.s. { to make 16 fl. oz.

WHOOPIING COUGH (Cadet).—The author recommends tincture of *grindelia robusta*, in doses of 40 to 100 drops daily. M. Blachez extols bromide of potash, 2 to 8 grains daily.—*Progrès Med.*

PITYRIASIS VERSICOLOR.—

R Acid salicylic..... 3 parts.
Sulphur precip..... 10 "
Lanoline and vaseline.. aa 50 "
Apply at night, after washing with tar soap.

FLIES.—Oil of bayberries (*Laurus nobilis*) is extensively used in Switzerland by butchers to keep their shops free from flies. It is applied to the walls. In France gilt frames, chandeliers, etc., are protected by being coated with this oil. It is even remarked that flies soon avoid the rooms where this application has been used.

TREATMENT OF FAVUS (Monoe).—In an old and obstinate case the following treatment was adopted: Removal of crusts, epilation of the hairs, frictions at night for 15 minutes with acid salicylic and chrysarobine *aa* 8.50 grammes, creta præparata 11 grammes, vaseline 70 grammes. The spots on the body were treated with a solution of sublimate 1 to 120. Washing with black soap.—*Centralb. f. Klin. med.*—*Lyon Med.*

INJECTION FOR INFANTILE CONVULSIONS (J. Simon).—

R Musk..... 0 gr. 20
Camphor..... 1 gramme.
Chloral..... 0.50
Yolk of egg..... No. 1
Distilled water..... 150 grammes.

The bowel must first be emptied by a large simple enema, or with the addition of oil.—*Progrès Med.*

PEDICUL.—M. Vartanian, of Constantinople, recommends highly for pediculus pubis the following:—

R Acid salicylic..... 2 to 3 grammes.
Toilet vinegar..... 25 "
Alcohol, 80°..... 75 "

M. To be rubbed in with a piece of flannel. One application proved effectual. It was used successfully in 20 cases.—*Lyon Medical.*

HAGER'S CATARRH REMEDY.—This now somewhat celebrated mixture has, according to Dr. Herman Hager, the originator, this composition:

R.—Acidi carbolic

Alcoholis..... āā part. x.

Aquæ ammon..... part. xij.

Aquæ destillat..... part. xx.—M.

Take two-ounce wide-mouthed bottles, fill them to one-third with this mixture; then introduce a bunch of absorbent cotton of sufficient size to soak up all the liquid and cork. This is to be used in incipient cold in the head, chronic catarrh, coryza, etc.—*Register.*

PRURITUS.—At the Society of Medical Sciences, Lyons, M. Icard related a case of pruritus: A woman, aged 44 years, with rheumatic and syphilitic antecedents. The urine contained neither sugar nor albumen. She was in good health when attacked, without apparent cause, with a general pruritus without cutaneous eruption. By turns, arsenic, bromide of potash, atropia, sulphur baths, alkalies, emollients, etc., were tried without any result. M. Icard then had recourse to salicylate of soda, 3 grammes daily. The pruritus which had already existed for eight or nine months, disappeared the next day, and the cure has been maintained ever since.—*Lyon Medical.*

VARIOLA.—Otvoes has used xylol, recommended by Tuelza, as an antiseptic and albumen-coagulating agent, in 315 grave cases of variola, and has met with great success. He gives it in wine in doses of 2 or 3 grammes daily; the total dose of the medicine has reached 24 grammes. Otvoes uses the following formula:—

Xylol pur..... 3 grammes.
Mint water..... 50 "
Distilled water..... 50 "
Syrup of cinnamon..... 10 "
Mucilag. acaciæ..... 10 "

A spoonful every two hours. The expired air of the patients had a strong odor of xylol.—*Journal des Sciences Medicales de Lille-Lyon Med.*

ACETANILIDE IN TABES.—M. Fisher, of the Caunstatt hospital for nervous diseases, has ex-

perimented eighty to ninety times since last February upon the sedative effect of acetanilide in the lightning pains of ataxics. The results are extremely satisfactory. Only one patient in ten failed to receive relief. In other cases the action of acetanilide, though varying, was favorable. M. Fisher considers the remedy almost a specific in these cases. In other cases of pain, as sciatica, hysteria, odontalgia, brachio-intercostal neuralgia, and spinal irritation the remedy was powerless. In a case of occipital neuralgia of syphilitic origin, in a case of syphilitic paralytic dementia with osteocopic pains, in three cases of anæmic cephalalgia, and in four cases of migraine the remedy was beneficial.—*Lyon Med.*—*Mun. Med. Woch.*

DISINFECTANT PROPERTIES OF COCAINE.—When cocaine is administered to the extent of 25 centigrammes or more daily, we soon notice that the various secretions and excretions—sweat, urine, breath, products of suppuration, and even in the fæces—gradually lose their fetidness, and even become quite odorless. From this fact, the clinical application is apparent, for we need no longer dread the dangers from carbolic acid, sublimate, etc. It is in typhoid fever, at the adynamic period, with intestinal ulceration and fetid diarrhœa, that the new disinfectant is indicated. Benefit will accrue from the double property of the agent as an antiseptic and neurasthenic tonic.—Dr. Luton, in *Gazette Med. du Nord-Est.*

COCAINE IN RADICAL CURE OF HYDROCELE.—At the Society of Medicine of Paris, M. Dubuc reported successful operations for hydrocele, rendered painless by injecting a solution of cocaine after evacuating the contents of the tumor. Care was taken to cause the cocaine solution to come in contact with all parts of the sac. After eight minutes the solution was allowed to escape, and iodine solution injected. The following formulæ were used:—

Hydrochlorate of cocaine 30 centigrammes.
Distilled water..... 30 grammes.
Boracic acid, pure..... 90 centigrammes
℥.

Tinct. iodine..... 40 grammes.
Iodide of potash 1½ "
Distilled water..... 40 " ℥

During six minutes that the iodine injection remained in the cyst no pain was felt. No symptoms of absorption of the cocaine solution.—*L'Union Med.*

DIPHTHERIA.—Dr. Lasnon has treated sixty-eight cases of diphtheria in three years, and has only lost three patients. He attributes his success to the combined use of local and constitutional remedies, as follows:—

Internally.

℞ Bromide of potash.... 4 grammes.
Bromine, pure, 0.20 to .30 "
Distilled water 130 "
Simple syrup 30 "
A spoonful every three hours.

Collatory, No. 1.

℞ Acid tartaric 10 grammes.
Glycerine 15 "
Mint water 25 "

Apply every two hours, followed by an application of lemon juice.

Collatory, No. 2.

℞ Borax 2 gr. 50
Glycerine, pure..... 7 gr. 50
Tinct. of pyrethrum.... 0 gr. 25
Essence of mint 3 minims.
Distilled water 30 grammes.

—*La Normandie Med.*—*Lyon Med.*

METHYLAL.—According to the report of M. Personali, of Turin, methylal causes profound sleep with abolition of reflexes, slower but fuller respirations, acceleration of the pulse with lowering of the blood pressure, diminution of temperature, and less active nutritive change. Methylal also acts antagonistically to strychnine, and suspends the tetanic convulsions caused by the latter. It is quickly absorbed and quickly eliminated; its action is rapid and causes no unpleasant symptoms. MM. Mairet and Combemale have experimented with methylal, and conclude: 1. Given hypodermically, in doses of 25 to 50 centigrammes for each kilogramme in weight of the body, it causes sleep in a quarter of an hour. The sleep is calm, but reflexes persist, though diminished. Awakening occurs at the end of several hours, with dulness and apathy soon disappearing. Be-

tween 50 and 120 centigrammes to each kilogramme causes profound sleep, with reflexes almost abolished and temperature slightly lowered. Above 2 grammes cause at first paralytic, especially paraplegic, symptoms, muscular hyperexcitability, more or less marked anæsthesia and dilatation of the pupil, hyperthermy, acceleration of the pulse, difficulty in respiration. Two or three hours after all these abate, notably the paresis, which has often disappeared and the sleep become calm. On awakening the animal is stupid, without appetite, grows thin, and requires several days to recover. Death may follow large doses. Given internally, the same results, more tardy but more persistent, ensue. Methyral has been given in doses from 1 to 8 grammes in insomnia of the insane. In acute maniacal paroxysms it causes continued or broken sleep. It is innocuous, and being sweet is readily taken. It has no effect in alcoholic or syphilitic mania.—*Progrès Med.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, OCTOBER, 1887.

This month also we furnish our subscribers with eight pages of additional reading matter.

MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

The arrangements for the establishment of a Medical Faculty in the University of Toronto have been fully completed, and the regular work of the winter session will commence on Monday, October 3rd, when the opening lecture will be delivered by Professor Ramsay Wright, in the Convocation Hall of the University. The Chair will be taken by the Hon. Edward Blake,

Chancellor of the University, and several addresses will be delivered by prominent friends of the University, who are at the same time interested in the subject of higher medical education.

We are pleased to hear that the mass of the medical profession are taking a deep interest in the inauguration of this new Medical Faculty, and are inclined to give it a generous support. The new college will not be the private property of any corporation, but will be an integral portion of the great educational system of our country. As a part of our national University, it will be owned by the public generally, and, as a consequence, all are likely to be interested in its welfare and success.

We are glad to know that one of the chief aims of the Governing Board will be to co-operate with the College of Physicians and Surgeons of Ontario in maintaining a high standard of medical education in our Province. The Medical Council is the parliament of the profession of Ontario, and is acquiring more and more, from year to year, the confidence of its members. It is well that the promoters of the new departure fully realize this fact, and show their desire to work in the interests of the general profession as well as the public.

As far as numbers are concerned in Medicine we are pretty well supplied with practising physicians. There is no desire evident on the part of the public for a great increase in quantity, but rather a desire for a better quality of those licensed to practise. We hope that the new College, the old Colleges, and the Council will all unite in bringing about this happy condition of things medical.

TREATMENT OF PSORIASIS.—Haslund (*Centralblatt für Therapie*) has treated many cases of psoriasis by the use of iodide of potassium, commencing with a small dose and gradually increasing until between twenty and fifty grammes were taken daily. The result of this treatment was the following in fifty cases. In forty a complete cure; while four showed improvement, six were without benefit. The average duration of treatment was a little over seven weeks.

GRAVE DELIRIUM.

Most practitioners of long experience will recollect having met with occasional cases of what is generally called acute mania. The patients are sent to the asylum, and the physician is surprised to learn that after a few days' residence the case resulted fatally.

Dr. E. C. Spitzka describes and classifies such patients, in an able article recently published in the *Journal of the American Medical Association*. He thus describes the typical form:

"The previous condition of most sufferers from grave delirium is usually poor. General nutrition is impaired, and there is an obscure malaise, comprising ill-defined nervous and slight gastric disturbances. Sometimes the outbreak of the disease is preceded from four to six weeks, by a matutinal headache. This is described as a feeling of tension and often associated with vertigo. The patient is irritable; light, sound and, in some cases, even odors annoy him; sleep is disturbed. He finds it difficult to collect his thoughts. He feels conscious that he is morbidly emotional, but is unable to restrain this, and in a remarkably large proportion of cases there is a sense of some impending misfortune.

"The onset of the disorder may be so sudden and accompanied by so total a subversion of the mental and physical powers as to suggest the fulminating type of epidemic cerebro-spinal meningitis, or the action of a violent nerve poison. The patient while walking on the street, suddenly totters, and if he do not fall, stumbles about aimlessly like a drunken person. At other times, while taking refuge from the impending misfortune dreaded by him, the sufferer breaks out in violent acts, which are, however, rather manifestations of anxiety than of aggressiveness. He clutches at those about him, tearing their clothing or hair, and then delirates about his enemies, refuses food because it contains poison, complains of crawling vermin, has hallucinations of policemen, negroes, or of multitudinous images of a more frightful character, such as toads, snakes, bugs, goats and horses' heads, 'with flaming eyes.' Such visions cause him to pause in his delirious talk and to look in an alarmed or threatening manner at certain parts of the room. In some cases

the visions are of a pleasant nature, and the accompanying delirium may be of an ambitious, religious or erotic tinge. Flaming spectra of angels, numerous husbands and countless lovers are seen, and in the midst of ecstatic contemplation, the patient starts, awakened by the voice of God or of a paramour, who delivers flattering missives in a voice of thunder or a glare of celestial light. Sometimes the terrible and pleasant alternate in the history of the same case. In that event, corresponding changes in demeanor of a most dramatic character are noticed. The attitude of a timid hunted victim gives way to theatrical gestures, and exclamations of terror to praying, singing and whistling. In the erotic form, obscene gestures are indulged in, and the genitals are manipulated either automatically or with a definite purpose. Rapid changes of this kind are particularly observed in females. At one time such patients will dance and jump around, laughing immoderately and vociferating; at another they will be found dissolved in tears, or try to escape from their imaginary foes with an air of intense anguish."

THE PRESIDENT'S RECEPTION OF THE MEMBERS OF THE INTERNATIONAL MEDICAL CONGRESS.

Among the most pleasing incidents of the International Medical Congress, held at Washington, was the Reception by the President of the United States, and her Majesty, the President's charming wife. Grant Bey, of Cairo, Egypt, Sir James Grant, of Canada, and other distinguished foreigners were present to give tone to the happy event. All sections of the great republic were well represented. The doctors of the centre, the south, and the far west, still exultant over their great victory at New Orleans, when they "wopped the swells" of the eastern cities, were present in full force. The culture of the "sectional" representatives and the occasional want of it were fully exemplified on this grand occasion.

Unfortunately, however, many of the great unwashed of Washington mingled with this distinguished throng. They should not have been there, and the officers of the Congress made a supreme effort to exclude them from

all other festive occasions. With a due appreciation of the serious aspects of the case, and after a careful deliberation, they issued neat but not gaudy silver medals, somewhat similar to those worn by the gallant heroes of Bull's Run and Gettysburg, which were to adorn the noble breasts of the members. No unclean thing in Washington was allowed to touch the members thereafter while thus decorated. At the conclusion of the Congress the members were allowed to bring these medals to their happy homes, where they will doubtless be treasured as precious heirlooms in the far distant future.

WINNIPEG GENERAL HOSPITAL.

We learn that the following minutes were unanimously adopted by the Board of Directors at a meeting held at the hospital on September 16th:—

The Secretary-Treasurer reported that since the last meeting of the Board he had received the following sums on account of the hospital jubilee collection, viz.:

From the Government of Manitoba as voted by the Legislature	\$5,000
From the city council of Winnipeg	3,500
From the treasurer of the fund constituted by the C. P. R. and M. & N. W. Ry. employees, labor organizations, national societies, and citizens generally	4,000
	<u>\$12,500</u>

It was resolved, That the thanks of the corporation are due to Lieutenant-Governor Aikins and to Judge Ardagh, who, at the hospital annual meeting in February last, proposed and seconded the resolution which was the inauguration of the effort which has been so successfully accomplished.

That the warmest thanks are tendered to the Local Government of Manitoba, who so generously proposed the grant of \$5,000, and to the members of the Legislature who so generously passed the necessary vote in the bill of supply.

That thanks are also hereby tendered to the mayor and council of the city of Winnipeg for the vote of \$3,500 in aid of the payment of the debt and also to the 43 country municipalities, which, during the present year, have

contributed an aggregate amount of nearly \$1,500 in aid of the hospital funds.

That the cordial thanks of the Board are tendered to the employees of the Canadian Pacific Railway and the Manitoba and North-Western Railway, to the different labor organizations and national and other societies, and to the citizens generally, who all came forward so generously to swell the contributions to the jubilee fund.

MEDICAL DEGREES IN THE UNITED STATES.

Complaints have been made in some parts of the United States because their diplomas are not recognized in Ontario, while our degrees receive full recognition from them. We regret that such a one-sided arrangement should exist by which our conduct appears somewhat ungenerous and discourteous. We think, however, our course is the correct one, and we are not likely to change it. We have ample evidence from American sources that many of their degrees possess very little value. The *Boston Medical and Surgical Journal* has recently reported some cases of rapid graduation. One young man commenced his medical studies at the beginning of last Winter Session (1886-7) at Denver University, and obtained a degree from a University in New England, nine months and eight days later. Other instances are given where parties completed their medical courses in less than one year.

Dr. Gerrish, of the Maine Board of Health, has recently been making investigations respecting the entrance examination in American Medical Colleges. He found that about half insisted upon a thorough preliminary examination, while the remaining colleges generally intimated their willingness to make their prescribed examinations a mere matter of form. One college said to an applicant: "Our examination is not difficult, no one has yet failed to pass." Another said: "Natural philosophy is not required, except as a suggestion in the line of a liberal education." A third said: "The preliminary examinations are not difficult, and no deserving applicant is rejected on account of not being able to pass them. Call and see

me when you are in the city, and I will fix it so you can enter."

We have no desire to see such mills as these send their graduates into Canada. We think our friends in the United States could not do better than follow the example of Ontario, and have a Central Examining Board established for the whole country, or for the different States, after the plan of our Medical Council. The best of their Medical Colleges, which will compare favorably with any in the world, would thus get justice, and the country would be protected against such illiterate and incompetent practitioners as are turned out by wholesale, year after year.

SPREAD OF DISEASE BY FLIES.

According to *The Lancet* a discovery has just been made of great importance to those in the neighborhood of consumptive patients. Some flies which had been seen to enter spittoons containing the sputum of phthisical patients were caught and examined, when it was found that they were full of tubercle bacilli. This indicates that the disease may be widely spread by this means.—*Ex.*

This point does not seem perfectly clear. If the tubercle bacilli act as an irritant to the fly, causing processes analogous to emesis or expectoration after the insect has migrated some distance from its feeding-ground; or if the bacilli find a nidus in the tissues of the fly, causing in their host disease and death, then the flies must plead guilty to the charge of *The Lancet*. But if, on the other hand—the ingested bacilli are destroyed during the process of digestion, the part taken by the fly in the spread of this fell disease is much more to the credit of this much-abused insect. It is now in order for some bacteriologist to show whether or not the bacilli are found in an active state in the excreta of flies fed upon tuberculous sputa. The reputation of the fly as a scavenger is at stake.

Nor is the practical bearing of this question so trivial as may at first appear. It is comparatively easy to disinfect the sputa which is collected in the spittoon, but minute particles

of bacillus-laden sputum are scattered in the act of coughing, over the floor, furniture, and bed linen; and, though these may escape the notice of the most scrupulously careful nurse, they are readily detected by the painstaking and industrious fly. In this way, not only in phthisis, but in other infectious diseases, large quantities of septic matter may be destroyed by these little scavengers. Just as the jackal, hyæna, and wild dog, in eastern cities, devour all manner of offal, and thus render innocuous what would otherwise be a source of plague and pestilence, so in our own land large quantities of effete matter are effectively disposed of by flies, cockroaches, and even rats. True, Nature's scavengers are not subject to the authority of the Medical Health Officer, but their work is on that account none the less satisfactorily and systematically performed.

DISEASE OF THE FALLOPIAN TUBES.

Dr. Martin, of Berlin, has presented records of 287 cases of tubal disease in the *Zeitschrift für Geburtshülfe*. The majority were in the most active period of sexual life; 220 were married; 113 had never borne children; 61 had aborted once or oftener. Generally there were other diseases of the pelvic organs, especially endometritis and pelvic peritonitis. Gonorrhœa appeared to be the source of the disease in 55 cases, i.e., in less than 20 per cent. This will not coincide with the records of Tait, Noegerrath, and others, but we think will nearly agree with our experience in Toronto. Affections of the endometrium were the cause in 147 cases; puerperal complications in 70; tubercle in 10; and recent syphilis in 3. The left tube was the most frequently affected. Dr. Martin describes three varieties: "salpingitis catarrhalis" or "endosalpingitis," when there is small-celled infiltration into the mucous membrane; "salpingitis interstitialis," when the infiltration extends into the muscular layer; and "salpingitis follicularis," when we have, in addition to the infiltration of the mucous and muscular layers, the formation of pouches in the mucous membrane which gradually riddle the muscular coat.

DR. A. R. ROBINSON'S ADDRESS AT THE INTERNATIONAL CONGRESS.

One of the redeeming features of the recent International Congress was the opening address made by the President of the Dermatological section. Some may think that it was a little out of taste to discuss, in such an open and vigorous manner, the failings shown by American Dermatologists, when so many distinguished visitors were present. The point, however, which we must consider, is whether Dr. Robinson had sufficient ground for the strictures made. His remarks will apply as well to the other specialties as to dermatology, and equally to all parts of the American Continent. We quite agree with him that a great injury is done to dermatology by connecting it with the study of genito-urinary diseases. There is no more connection between diseases of the bladder and those of cutaneous system, than there is between the latter and uterine affections, and we might as well combine gynæcology with dermatology as to combine genito-urinary surgery with dermatology. We differ from Dr. Robinson in his views that there is no American School of Dermatology. We were always of the opinion that the American school combined the excellencies of the German, French, and English schools; and was, consequently, in some points, particularly that of therapeutics, superior to any other. Physicians of this continent have few prejudices, and have always been willing to adopt any remedial measure which may prove successful. That the American School of Dermatology is becoming more and more recognized throughout the world, is shown by the many references made to it in recent works on dermatology.

The practice of publishing articles which are simply compilations, and contain no original matter, was severely commented on. It is impossible that all papers read at medical societies can be original in character, and we can hardly help agreeing with Dr. Robinson in the view that the publications of such are sometimes made with the sole purpose of attracting the attention of the profession.

Dr. Robinson's address was not of that stereotyped character in which, when the reader commences, he can guess the nature of the con-

tents throughout without further perusal. It was original in conception, and well suited to our modern profession.

Although in some points we consider his criticisms too severe, still many wholesome truths were uttered, which we would all do well to ponder.

The following appears in the *Manitoba Lancet*, from the pen of one of Winnipeg's leading surgeons:—"Whatever may be the respective merits of the various hospitals in Canada as to facilities for clinical study, I think there can be no doubt Toronto is the best designed, arranged, and especially the best managed. I understand Dr. Cameron has had during the last year over a dozen laparotomies, and with more than the average success. . . In my humble opinion, Montreal possesses in Dr. Gardner an operator who is soon destined to give a material advance to abdominal surgery in Canada. He is a close follower of Tait, and his record so far leaves no doubt as to his future success. Dr. Trenholme, of Bishop's, divides with Dr. Gardner the gynecological honors; and in Montreal a very promising and likely competitor in the same race is J. Johnstone Alloway, of lacerated perineal fame."

We take the liberty of publishing a portion of a letter which was recently received from Montreal: . . . "From what I have heard of the meeting in Hamilton, there is much room for your suggestions as to a three days' session, and a section for gynecology and obstetrics. If men could be kept from long-winded speeches on papers they have not even heard—coming in after the paper is read or almost finished—it would be a good thing. It is a misnomer to call such 'discussions:' if we could reform these altogether it would be a great gain. Written papers must not be sacrificed to rambling talks, even by experienced men, else we shall lack well-prepared papers before long. I read with pleasure your criticisms of the Ontario Council, which with much good has mingled much blundering and stupidity. The progress of the University, in creating a medical faculty, is also a source of gratification to me. Yours sincerely, T. W. M."

Prof. Mendel, of Berlin, in an exhaustive communication to the *Therap. Monatschrift*, on the use of antipyrine in diseases of the nervous system, states that he has found this drug very useful in cases of migraine, trifacial neuralgia, neuralgic affections of the occipital and ischiatic nerves. In certain organic affections of the nervous system favorable results followed its use. The lancinating pains of the tabetic were modified, and severe headaches due to organic cerebral trouble (tumor of the brain) were relieved. This drug, however, was proved to be useless in epilepsy, and not to be recommended in the innumerable pains of the hysteric.

REMOVAL OF NECROSED BONE BY IRRIGATIONS WITH WEAK HYDROCHLORIC ACID.—Dr. Edmund Andrews, in a paper read at the last Annual Meeting of the American Medical Association, demonstrates the possibility of removing the sequestrum by irrigation with weak hydrochloric acid. The strength recommended is from one-fourth to one-sixteenth the strength of the ordinary acid hydrochlor dil. of the pharmacopeia.

The opening lectures of the Medical Colleges will be delivered on October 3rd, as follows :—
 Toronto University—Prof. R. Wright.
 McGill University—Sir James Grant.
 Western University—Dr. Moorhouse.
 Trinity Medical College—Dr. Davison.
 Manitoba University—Dr. R. B. Ferguson.
 Queen's University—Dr. Dupuis.
 Woman's Medical College, Toronto—Dr. McPhedran. (Oct. 1st.)

In the last number of the PRACTITIONER it was stated that the address by Dr. Eccles, of London, delivered at the Canadian Medical Association, would appear in this issue, but we have not been furnished with an abstract, and there was not sufficient space to publish the address in its entirety.

Dr. Weller publishes, in a recent number of the *Medical and Surgical Reporter*, a case of diabetes cured by the administration of cocaine. He prescribed two drops of a four per cent. solution every three hours, at the same time enjoining the anti-diabetic diet.

The relative market value of the different parts of the human body has been calculated by a German mathematician, with a view to fix a basis for the award of damages in case of disablement. The loss of both arms, legs, hands or feet, is put at 100; that of the right hand at 60; of a foot at 50; of left hand at 40; the right thumb $33\frac{1}{2}$; an eye at 22; left thumb or right forefinger at 14; the left forefinger at 8; and any other finger of left hand at 4 per cent.

The New York Polyclinic opened for its sixth annual session on Sept. 19th. This popular clinic was attended last year by a class of 301—probably the largest class of practitioners ever brought together in any school. Two large lecture-rooms have been added to the college building, and a laboratory for the study of bacteriology has been thoroughly equipped.

Manitoba will keep to the front in matters medical. A medical journal, called the *Manitoba Lancet*, has been started.

Meetings of Medical Societies.

NINTH INTERNATIONAL MEDICAL CONGRESS,

HELD AT WASHINGTON, D.C., SEPT. 5, 6, 7, 8, 9, AND 10, 1887.

[We have selected from the slips kindly supplied by the *Medical Record*, of New York, reports of the papers read by Canadians, which will be of interest to the subscribers of THE PRACTITIONER.]

Duncan C. MacCallum, M.D., M.R.C.S. Eng., of Montreal, read a paper on

VICARIOUS MENSTRUATION.

After a *resume* of the literature of the subject and the diverse opinions of modern authorities, the reader cited four cases:

1st. Mrs. W., aged 38; six children; never nursed; good health. Two months after birth of child had molimina and vomited blood. Treated by rest, ice, and gallic acid. No unpleasant after-effects and no further hemorrhage for four weeks, when she again had molimina followed by hæmatemesis. At next period

menses reappeared and have been normal since. Continued good health.

2nd. Healthy woman; single. On the first day of a menstrual period was exposed to cold, and menses stopped; next day vomited blood; no vaginal discharge; regular since and healthy.

3rd. Patient, aged 33; healthy. First menstruation at 14 years of age. Soon after had scarlatina, followed by amenorrhœa until 18. At 23 menstruation became very scanty and was accompanied by epistaxis for six periods, when it became regular again. Recently has again become scant and is accompanied by the epistaxis as before.

4th. Healthy woman. Pregnant 3 months. Six weeks before had received a severe fright. Had a profuse hæmoptysis on two successive mornings, and three days later aborted. Four weeks later molimina and hæmoptysis, but since normal menstruation. Chest perfectly sound; good health. In this case the ovum was killed six weeks before ovulation became established, and obstruction being offered to the usual flow, hemorrhage took place from the weakest point.

To constitute vicarious menstruation there must be (a) absence of menstrual blood flow; (b) blood from some other organ than the uterus; and (c) no other assignable cause for the hemorrhage than the increased premenstrual blood-tension.

A hemorrhage under these conditions is truly supplementary and clearly vicarious.

Dr. W. P. Geikie, Professor of Medicine, Trinity Medical School, Toronto, read a paper, entitled,

PNEUMONIA AS MET WITH IN VARIOUS PARTS OF THE DOMINION OF CANADA.

Pneumonia he had found to be far more frequently secondary than primary; the former was probably most frequently seen as a complication of typhoid fever. In preparing this paper he had corresponded with physicians practising in newly and sparsely settled countries, and he had found that in these localities, both East and West, it was a rare disease. It never occurred in epidemics. He asks this question, "Is it because there are so few inhabitants that there never occurs an epidemic?"

As sanitary methods increase low and asthenic forms and epidemics decrease.

In the recent epidemic in Toronto, the disease seemed to affect both the weak and strong alike. Investigation showed that the disease is more acute in rural, and less so in populated districts. There had been cases in the recent epidemic in which it seemed to be contagious. The specific character of the fever would naturally support such a view. Realizing fully the predisposition to the disease which arises from the abuse of alcoholic stimulants, yet improper drainage and water were the great cause.

Dr. Daniel G. Clark, of Toronto, read a paper on

THE BASAL GANGLIA OF THE BRAIN AS CENTRES OF PSYCHIC AND FUNCTIONAL POWER.

The author of the paper maintained that these ganglia are psychical centres: (1) Because of their greater activity physiologically; (2) because they are the focal centres to the hemispheres; (3) they are vital points of greater significance than any other part of the brain, and (4) experiments point to their directing and controlling power. The paper gave rise to discussion which was participated in by Drs. Love, Wythe, Stockman, of Edinburgh; Kleinschmidt, of Washington; Hallibert, Professor Madden, and Boenning, of Philadelphia. Also one which caused a good deal of discussion with the title,

REMISSIONS AND INTERMISSIONS IN INSANITY.

He said there can be no vital and psychic energy without its presence and co-operation. It is an indispensable condition. When the rigor mortis of death sets in it takes its flight, hence the evidence of its intimacy with, and necessity to, vitality. It has, in normal physiological operations, seasons of remissions and intermissions, and it determines their intensity and duration in organic life. In chronic pathological conditions the same law exists, but it necessarily, by virtue of low vitality attended with excessive energy, makes the intervals more extended and the symptoms more pronounced in the ever-recurring periodicity and alternations. Dr. Clark treated of a triunity of forces—chemical, psychic, and vital forces—and believed the lower forms embraced the greater.

Dr. Blandford, of London, Eng., asked Dr. Clark to explain his theory and principle more fully. He differed with Dr. Clark on many points of his paper. He had seen many patients have intermissions of exactly the same form of mental disorder, and who were not subject, as Dr. Clark had claimed, to different forms of mental disease at each remission; and instanced one case familiar to him, of a patient who had been sent to one of the English asylums on thirty-five different occasions, suffering with precisely the same form of mental disorder, mania, upon each commitment.

Dr. Clark stated that his experience had been different from that of Dr. Blandford. He had never seen a patient suffering from *folie circulaire* who enjoyed during intermissions normal mental health. Patients had said as much to him; they had been able to transact business during intermissions, but had lost their former grip on affairs.

Dr. Savage differed quite widely from the sentiments expressed by Dr. Clark, particularly as related to animal magnetism, which, he said, was not at present well defined. The question of the correlation of forces was an important one, and should receive much attention. Dr. Savage cited several cases in which the remissions in *folie circulaire* were complete. He also cited the case of a patient whose disease was diagnosed as general paresis, and who appeared to be steadily going down hill, but who, after the development of a large carbuncle upon his shoulders, quite recovered, and lived outside transacting business for seven or eight years, when he died of some nervous disease.

Dr. Ferguson next discussed Dr. Clark's paper. He did not believe it possible to explain the rhythmical phenomena of intermissions and remissions of mental disease by Dr. Clark's theory.

Dr. Hughes, of St. Louis, Mo., thought the obstacles which enter into the consideration of Dr. Clark's paper consisted in the barrier which physiology has placed in the way of allying physical organism to chemical organism, and which consists in the basil-motor mechanism and the part which it plays in neuro-pathology and neuro-physiology.

Dr. Clark was glad that his paper had suc-

ceeded in evoking discussions upon the subject of the phenomena of remissions and intermissions. He had not assumed that the key presented by him would open the lock. On the other hand, he did not see that the gentlemen who followed him offered any solution of the mystery at all. He believed that when a man suffered from an attack of insanity a post-mortem examination would, in every case, reveal changes in the brain, no matter whether it was claimed the man had recovered or not. Recovery is only a relative term.

Dr. James C. Cameron, of Montreal, read a paper entitled,

THE INFLUENCE OF LEUKÆMIA ON PREGNANCY.

In this he showed, by a *resume* of the literature, how incomplete our knowledge of the subject still was. We knew that cases were most frequent in women, especially during pregnancy or at the climacteric. Its effect upon the reproductive organs was but little known, and barely mentioned in any work. The disease was apt to begin during the latter part of pregnancy, and indeed, in many of those who became sallow and anæmic during pregnancy, though only temporarily so, the ratio of white to red blood-corpuscles was much increased.

The case which he reported was unique, in that pregnancy recurred successively during the progress of the disease, and was also interesting in showing a marked hereditary tendency—the parents of the patient and her six children being all leukæmic. The splenic tumor was first noticed during a pregnancy, and increased markedly in size during each successive gestation, the disease running a remarkably chronic course. A fact worthy of note, was that the red blood-corpuscles of a child born when the disease was well marked, were in the normal proportion in the vessels of the child, even above the normal in the placental artery, but much diminished in the placental vein, showing that the blood actually lost red corpuscles while passing through the placenta. In the placental sinuses the red globules were fewer than in the general circulation of the mother.

Dr. Chas. Warrington Earle, of Chicago, Ill., recalled two cases of extreme anæmia, together with great emaciation, occurring during preg-

nancy, and which at the autopsies were found to be caused by chronic inflammation of the pancreas, all other organs being normal. The pancreas was white and hard, the microscope showing a great increase in the connective tissue. He thought that this condition might explain some cases of pernicious anæmia, and proposed for it the name of pancreatic anæmia.

Dr. P. H. Bryce, of Toronto, Secretary of the Provincial Board of Health, read a paper upon

HOUSE ATMOSPHERES, OR ARTIFICIAL CLIMATES.

The points considered were the constituents of house atmospheres, their temperature and humidity, and air-currents; the effects of house atmospheres on populations, and remedies for existing evils connected with house atmospheres.

With reference to the constituents of house atmospheres, the observations of Miquel, Koch, Aitken, and Tyndall upon indoor and outdoor air were quoted. Considerable attention was given to temperature and humidity in connection with house air.

The remedies for the evils mentioned are sunlight in abundance, greater care in the construction of dwellings, foundations, and plumbing appliances, improved municipal sanitation, and the attainment of equable heating and thorough ventilation. In conclusion, it must be recognized, regarding the fatal effects of the imperfect conditions of human life under which Indians, negroes, and many of the people of limited means exist, demand the earnest consideration of all workers in the field of climatology and demography; and since the occupations, urban residence, and limited means make it impossible for an increasing proportion of our population to enjoy the health-giving influences of rural residence and the stimulating effects of life by the ever-restless ocean, or upon the mountain side, we shall best conceive the duties assigned to us, of making it possible for every willing citizen to so live under his own roof as to maintain a vigor unimpaired for the discharge of the work lying nearest him, and to transmit to the race that is to be a legacy of physical health.

Dr. Edward Henry Trenholme, of Montreal, presented a consideration of

INTERNAL UTERINE HEMORRHAGE, THE RESULT OF OVER-DISTENTION OF THE UTERUS FROM HYDRAMNIOS.

The author pointed out some of the causes of hydramnios and the serious results of such distention. The distention caused a deficient nutrition of the deciduæ which allowed it to rupture, causing hemorrhage from the site of the tear. The blood might clot *in situ* or pass between the layers of the deciduæ. The hemorrhage began with severe pain and sense of fullness, with signs of internal hemorrhage. Cited case. We should forestall the danger by causing premature labor before the hemorrhage occurred, that is, as soon as the distention becomes excessive. Should bleeding have occurred, it is necessary to wait until the vessels have closed before we attempt treatment.

Dr. Thomas W. Poole, of Lindsay, Ontario, read a paper entitled,

THE NECESSITY FOR A MODIFICATION OF CERTAIN PHYSIOLOGICAL DOCTRINES REGARDING THE INTER-RELATIONS OF NERVE AND MUSCLE.

1. He hoped to show, on the highest physiological authority, that muscles of the involuntary class pass into a state of spasm of contraction, not when their motor nerves are stimulated, but when these nerves are cut, or are paralyzed, or dead.

2. That the same is true of the muscular bands of the arterial coats.

3. That the statements given in our physiological works as to the excited condition of the nervous centres in such states as asphyxia, and the theories of Traube and others in explanation of the Cheyene-Stokes' respiration, in which impure, venous blood, loaded with carbonic acid and deficient in oxygen, is assumed to stimulate and excite the nervous centres, are absurd, and have been put forward solely to meet the exigency of an erroneous theory.

4. His thesis entered into what he deemed conclusive evidence that electricity, as employed for physiological and therapeutical purposes, is not a stimulant but a paralyzing agent to nerve-activity, and that the undoubted beneficial effects of this agent may all be satisfactorily accounted for in strict accord with its role as a paralyzer.

5. The same applies also to strychnia.

6. The action of the vascular sedatives, aconite, ergot, etc., and the rigidity and subsequent relaxation of the muscles during anæsthesia are amply accounted for on the view presented in this paper.

7. This theory is not an extension of the inhibitory hypothesis of recent physiology.

8. Ample proof is produced that "irritation" and "inflammation" are not attended by excitation of nervous activity, but the reverse; also, that what is called "morbid" nerve-force, as something different from proper nerve-function, does not exist.

9. Even the voluntary muscles pass into a state of spasm or contraction under conditions which may properly be regarded as attended by a deprivation of nerve-force, oftener, perhaps, than is generally supposed, as in cases depending on "irritation," which is a parietic condition rather than one of exalted nervous activity.

10. It is not necessary to his thesis that he hold, or prove, rigor mortis to be a condition of muscular contraction. But this state has not yet been otherwise satisfactorily explained, the myosin hypothesis proving unsatisfactory in that respect.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

THE WASHINGTON INTERNATIONAL MEDICAL CONGRESS.

The ninth International Medical Congress, which began on Sept. 5th and ended its sessions on Sept. 10th, has become a matter of history; and the unseemly disputes, which ought never to have arisen, will have become a thing of the past, soon, we trust, wholly forgotten. The popular question, "Was the Congress a success?" can be easily asked; but the answer to it will depend in some measure on who the respondent is and what he understands by success. All will agree that it would have been a greater success had the disputes between the East and West, the *Schools*, and those who captured the committees, not occurred; but the whole is but a repetition of history, and the Western bellicose party again triumphed

over an iconoclastic East, to the detriment of medicine, as doubtless the old dispute was to the Christian Church. But good has never, since the "loss of Eden," been free from evil, and those who attended the Congress have been unanimous in saying that much energy was everywhere evinced, showing a determination on the part of the Executive that those who did come, either from home or foreign parts, should have no cause to regret the time occupied and expense attendant upon a journey to Washington. Now that the Congress is over and the delegates are returning with pleasant memories of kind entertainment and friendly welcome, the sentiments of those who remained away are probably best expressed in the words of a prominent Glasgow surgeon, who, originally intending to be at Washington, was dissuaded from going by what he heard of the bickerings of parties. Saying good-bye to friend who was starting for the steamer, he remarked, "I wish I were going with you."

Many of the European delegates will feelingly unite with many from Canada and the North in the prayer that when the next International meets in America in September it will be at a point a little nearer the confines of the arctic circle, and in the neighborhood of the great lakes; for generally experienced borborygmal rumblings were altogether too suggestive of undue proximity to the Charleston area of seismic disturbance, or of the explosive effects of paludal fermentation present in Potomac waters. The weather, however, was, with the exception of one or two days, very pleasant and unusually cool, we were told, for Washington at the season; and all had the opportunity, taken advantage of by many to the detriment of the attendance on the Sections, of viewing the many wonders and pleasing sights of the capital of the Union.

The opening session began with business-like promptness, and after the formal opening by President Cleveland, Secretary Bayard, the silver-tongued orator of the Cabinet, welcomed the delegates in a speech of some length. Here are two notable passages amongst many: "If letters be a republic, science is surely a democracy, whose domain is penetrated and traversed by no royal road, but is open on all sides and equally to all who with humility and intelligence

shall watch and wait for light, as it is gradually disclosed by Divine Providence for the amelioration of mankind." . . . "Forgive me if, as one the great army of patients, I humbly petition the profession that in your deliberations Nature may be allowed a hearing when remedies are proposed; that her *vis medicatrix* may not be omitted in computing the forces of cure, and that science may be restricted as often as possible to sound the alarm for Nature to hasten, as surely she will, if permitted, to the defence of the part assailed."

Brief responses to the welcome of Secretary Bayard were made by Dr. W. H. Lloyd, British Navy; Dr. Leon Le Fort, Paris; Dr. Mariano Semmola, Naples, etc., after which President N. S. Davis, M.D., Chicago, delivered the inaugural address.

The address was like the man, plain and practical, with no attempt at eloquence not habitual to him; but it was admirable in its comprehensiveness, pointing out how broad are the fields of enquiry, how absorbing are the questions, and how difficult their solution, which confront the physician. He further neatly indicated the special necessities which have given origin to Medical Congresses, and the many direct benefits which have flown from such meetings: he said, "It is by associated action that education in its broadest sense, religion and civilization, have been more rapidly diffused among the masses of mankind during the present century than during any other period of the world's history."

With the President's Address the opening session concluded, and at 2 p.m. the various Sections met at the different places set apart for them, some of these at points at considerable distances from the principal hotels.

With eighteen Sections at work, reading and discussing papers of various merit, the succeeding four days passed rapidly, and those specially interested in any Department, or attendant upon official duties, had but little time for amusement, or for becoming widely introduced. The evenings were mostly given over, however, to entertainment, and Washington hospitality shone conspicuously.

Regarding the work of the various Sections, much comment was naturally made. If you

happened to drop into the Section on General Medicine and heard a paper on "Pneumonia," you might say this Section was somewhat stale; or into the Section on Army Surgery, and heard some one reading about "Stretchers and Stretcher Slings," you might mildly suggest to "sling the stretchers;" while if you chanced to hear a brief synopsis of the "Medical Botany of the United States," you could be excused, for wishing for the opportunity to prescribe for the reader a dose of his own medicine. On the other hand, if Flint were heard, *ore rotundo*, discussing "Fevers," Gihon, with splendid imagery and scathing criticism, discussing the value of climatological and demographical studies, and the empiricism of vulgar therapeutic; or Professor Grailey Hewitt on "Relations between changes in the Tissues and changes in the Shape of the Uterus," one would naturally say: "This is a splendid Section, and we are learning something!" On the whole, we are inclined to the opinion that here, in Conferences in general, many were not heard who ought to have spoken, while a much larger number, "intoxicated with their own verbosity," flaunted their wares before a somewhat unwilling public. The liberty of the free-born American which sometimes degenerates into licence, was to be expected, and the man from *arway back* spoke confidently, especially in the Section on Gynecology of what much-enduring woman had suffered at his hands. Altogether, the Congress possessed much of good, and not least of this was the ample provision which was made for the entertainment of the delegates.

The first evening was a Reception, *very informal*, in the Pension Building, 100 yards long by 40 yards wide, where *profanum vulgus* found admittance, and good naturedly from the seats under the gallery, watched the promenading medical visitors. Nobody was, however, hurt thereby; but the President's *informal* Reception on the Tuesday evening did hurt somebody, especially the President and Mrs. Cleveland. Imagine a procession some 200 yards long, yourself at one end of it and the first lady of the land at the other, both desperate in the resolve to shake hands; count the number of shakes *à la mode* which have to be made before you have reached the *point d'appui*; and you

will then have a slight conception of what an informal "White House" reception means. Add to this, that the waiting-maid the next morning could tell you that she, too, shook hands last night with Mrs. Cleveland, and we will very gladly draw a veil over its further glories, except to say that this most admirable and lovely lady smiled pleasantly and performed her unenviable task heroically to the last.

But even good-natured democratic hospitality has a limit to its endurance, and the *buffet* banquet of Thursday evening was much more *en règle*. Held in the splendid Pension Building, decorated most handsomely with innumerable flags, with the naval band discoursing sweet music, and with a generous supply of refreshments—all the delegates and their ladies, a number of the most prominent citizens, and such of their ladies as had returned from the mountains or the seaside, were most thoroughly entertained by the executive committee and the committee of local arrangements of the Congress.

To the European foreigners the banquet may likewise have seemed informal, but to us it seemed home-like, endued with a native grace, peculiarly American.

Friday the Sections were in large measure deserted, many delegates preparing to leave, or making visits to Mount Vernon or Arlington.

The general sessions, generally well attended, were favored with addresses on Wednesday and Thursday, in French and German respectively. That by Dr. Unna, of Hamburg, on "Dermatology in Relation to General Medicine," is said to have been comprehensive and of much value. But the paper of Dr. Mariano Semmola, Naples, in French, on "Scientific Medicine and Bacteriology in their Relation to the Experimental Method," must be considered to have been the *pièce de resistance* of the Congress. It was at once brilliant, learned, and practical, and delivered with a fervid eloquence entrancing even those who did not understand the language. On Friday Dr. G. F. Blandford, London, read a paper on "The Treatment of the Recently Insane," which was received with marked approbation. Votes of thanks by the foreign delegates were then in order, and Dr. Edmund Owen, London, was vociferously cheered in his

graceful references to the President and Mrs. Cleveland. Thus ended the practical work of the General Sessions of the Congress.

By Saturday evening the delegates were scattered, many returning northward on an excursion to Niagara Falls, via Canandaigua and Watkin's Glen. A number of the British delegates honored Toronto with a brief visit, while some extended their trip to Chicago, and a few even to the Pacific.

The international character of the Congress will still be maintained, and Berlin is to have the honor of next entertaining the world's great physicians in 1890. There will, we are assured, be little danger that in a united Germany differences will arise to in any degree mar the success or disturb the harmony of the meetings of a profession proverbially *long-suffering*!

P. H. B.

Book Notices.

BOOKS RECEIVED.

Maryland State Board of Health, 1887—Report on Improved Methods of Sewage Disposal and Water Supplies. By C. W. CHANCELLOR, M.D. Baltimore: 1887.

Surgery: Its Theory and Practice. By WILLIAM JOHNSON WALSHAM, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St., 1887.

Lessons in Gynecology. By WM. GOODELL, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. Third Edition, thoroughly revised and greatly enlarged. Philadelphia, Pa.: D. G. Binton, 115 South Seventh St., 1887.

A Reference Handbook of the Medical Sciences, Embracing the entire range of Scientific and Practical Medicine and Allied Science. By various writers. Edited by ALBERT H. BUCK, M.D., New York City. Vol. V. New York: Wm. Wood & Co., 1887.

A Manual of the Physical Diagnosis of Thoracic Diseases. By E. DARWIN HUDSON, Jr., A.M., M.D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price, \$1.50. New York: William Wood & Co.

Diseases of the Female Mammary Glands, by TH. BILLROTH, M.D., of Vienna, and *New Growths of the Uterus*, by A. GUSSEROW, M.D., Berlin. Illustrated. These two works constitute Vol. IX. of the "Cyclopædia of Obstetrics and Gynecology," (12 vols. price \$16.50) issued monthly during 1887. New York: William Wood & Co.

Personal.

Dr. Bigelow has left Parkdale to practice in Chicago.

Dr. E. E. King has returned to the city from New York, where he devoted himself to the study of genito-urinary surgery.

A. B. Macallum, M.A., Lecturer on Physiology in Toronto University, will return from Germany early this month.

Dr. Alonzo Clarke, one of New York's oldest and ablest physicians, died Sept. 13th, in his 81st year.

Dr. James Kerr, of Winnipeg, has returned home after an absence of four months. He and Dr. Sheppard, of Montreal, visited the principal hospitals of Great Britain and the Continent.

Births and Marriages.

BIRTHS.

TUCKER—At Orono, on the 12th September, the wife of Dr. M. M. Tucker, of a daughter.

FERGUSON—At 321 Spadina Avenue, Toronto, on the 25th of August, the wife of Dr. J. Ferguson, of a son.

MARRIAGES.

TAYLOR-TOOZE—At Toronto, on the 14th of September, at the residence of the bride's mother, by the Rev. Dr. Thomas, W. O. Taylor, M.D., Princeton, Ontario, to Jessie, fourth daughter of the late Mark Tooze.

GARRETT-KIRKPATRICK—In St. George's Cathedral, Kingston, on the 14th Sept., 1887, by the Rev. Buxton B. Smith, M.A., R. W. Garrett, M.D., Kingston, to Minnie Louisa, only daughter of the late Alexander S. Kirkpatrick, barrister, Kingston.

WORTHINGTON-COOK—At the Metropolitan Church, Toronto, on the 14th of September, by the Rev. J. Lawson Forster, LL.B., of London, England, and the Rev. E. Stafford, LL.B., Arthur Norreys Worthington, M.D., second son of E. D. Worthington, M.D., F.R.C.S.E., Sherbrooke, P.Q., to Emma May, second daughter of H. H. Cook, Esq., M.P., Parkdale.

Miscellaneous.

EFFERVESCING BROMO-SODA WITH CAFFEINE.—This speciality, for which Mr. W. R. Warner & Co., of Philadelphia, are initially responsible, is attracting a good deal of attention just now both in Europe and America, and we have, therefore, examined the preparation with some little care. For some time past medical men have been prescribing bromides rather extensively, and rightly so, as in a large number of affections of the brain, nerves, and kidneys, as well as in a variety of skin diseases, the results obtained have been eminently satisfactory. Bromide of potassium, however, which for a long time was practically the only form in which it was given, exhibits only too frequently those toxic properties which detract so much from the therapeutical value of potassium salts generally, so far, at least, as long continued and comparatively large doses are concerned.

Sodium salts, as a rule, are comparatively innocuous, and possess the additional advantage of containing, weight for weight, a larger quantity of the acid radical. This is owing to the lower atomic weight of sodium, which is 23 only, as compared with 39, which is the combining equivalent of potassium. Hence while Kbr. contains, in round numbers, but little more than 67 per cent. of bromine, the corresponding sodium salt, NaBr., contains nearly 87 per cent. of the element in question.

The preparation before us is in the granular form, and seems to be very carefully and evenly made. In addition to the usual vegetable acid and alkaline carbonates common to this class of medicaments, it contains about a quarter of its weight of sodium-bromide, and some 1.52 per cent. of pure caffeine. This alkaloid is well known as a reliable nerve tonic and restorative, useful also in cases of cardiac dropsy, hemiplegia, and neuralgia. In conjunction with bromides, and especially in the form of an effervescent saline, it is one of the most successful agents known for the relief of headache and insomnia, arising from overwork and sedentary employment.

This bromo-soda with caffeine, therefore, not only merits, but is likely to acquire, an increasing meed of popularity. It is shown to physicians at the American Exhibition at West Kensington, London.—*From the Monthly Magazine of Medicine, London.*

THE Canadian Practitioner.

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, NOVEMBER, 1887.

Original Communications.

OPENING ADDRESS

*Delivered at the Inauguration of the New Medical
Faculty of the University of Toronto.*

BY PROF. R. RAMSAY WRIGHT, M.A.,

Professor of General Biology and Physiology.

It is as a University Professor, as distinct from a University College Professor, that I have been requested to deliver the first public lecture of the New Medical Faculty, and I owe my sincere thanks to the Vice-Chancellor and other authorities for the distinction conferred upon me in selecting me to perform this task.

On such an occasion it seemed wise not to choose a subject belonging to my own particular department, but rather to select one of general educational interest, and it occurred to me that I would satisfy my own proclivities towards looking at all things from a standpoint familiar to the biologist, and possibly interest you for a short time by calling your attention to some phases of the

EVOLUTION OF MEDICAL EDUCATION,

especially to those during which so intimate a connection with the universities became first established, as we hope henceforth to have in the University of Toronto.

To do so it is necessary to look back some eight centuries to the mediæval universities. These seats of learning were at first but few in number, and owed their origin for the most

part to some cathedral or monastic school which had afforded instruction to the youth of the neighborhood in the elements of grammar, logic and rhetoric. The special reason for this growth of the higher institution out of the lower seems to have been the attachment to these schools of learned men, able to give more advanced instruction adapted to the immediate wants of the society of the day, so that Paris became celebrated as a centre for philosophical and theological knowledge, while Bologna gathered within its walls those who desired to become learned in the law. At first these centres confined themselves to their specialties, and only in later times did they offer instruction in all the branches of learning. The word *university* had, therefore, nothing to do with implying the universality of the teaching, but rather referred to the community or guild of those prosecuting the higher studies in any particular city.

Having been attracted to such centres by the fame of their masters, the scholars remained to teach, being almost obliged to do so in order to meet the wants of the constantly increasing numbers of students. They thus themselves became masters or doctors, titles which were then practically synonymous. This rapid growth in the number of students is one of the most striking characteristics of these early universities—as many as 30,000 scholars, it is stated, were in Oxford six hundred years ago—and this growth was unquestionably due not only to the awakening interest in learning, but also to the smallness of the number of places where instruction could be had, to the scarcity of books, and the

consequent limitation of learning to those who had access to oral instruction.

In these early days an imposing pile of buildings was not a necessary adjunct to a university, for the masters generally taught in their own houses, and the scholars sought accommodation where they could find it. Of course such a large concourse of students taxed the capacity of the mediæval towns, and eventually a number of inns, or hostels, or halls were started, each under the supervision of a master, in which the students could find board and lodging.

These halls were a step in the development of the *colleges*, which resembled them in every respect except that they were endowed by the wealthy so as to provide board and lodging for poorer students, and also for some masters to superintend their preparatory training. Eventually, when the number of students decreased through the multiplication of centres of learning and the distribution of printed books, the colleges sometimes (as in Oxford and Cambridge) sufficed to accommodate all the students, admitting those by payment who were not provided for by the endowment.

As there were no university buildings, so there were no imposing graduation ceremonials nor formal examinations, the scholars, after making themselves proficient, receiving permission to teach from their masters, and then being styled themselves masters or doctors, while the bachelor's degree was a later sign to mark the attainment of a stage half-way to the full degree.

I have said sufficient to show that the prime function of the university in these days was teaching, by masters who professed special branches of learning, while the chief educational value of the colleges consisted in the life in common, under certain domestic restrictions, and in the intellectual fellowship to be had within them.

After this glance at the nature of the mediæval universities, let me now proceed to show, a matter of special interest to us to-day, how the earliest of all originated in a school of medicine—the famous school of Salerno, near Naples. During the early centuries of the triumph of the Christian faith, the practice of

medicine was largely in the hands of monks who devoted themselves to the study of the art, handed down its secrets through the members of their brotherhoods, and continued the good work which had previously been done by the priesthood or families of *Æsculapius*, which, as has been said, among all pagan institutions most closely resembled the monastic brotherhoods in their conviction of the religiousness of a life devoted to the relief of suffering.

One of these monastic institutions, that founded by Saint Benedict at Monte Cassino, near Naples, in the middle of the sixth century, made special progress in the healing art, owing to its possession of the Greek medical classics, Hippocrates and Galen, which, although familiar in the form of translations to the Arabian physicians of those times, were not then accessible to the rest of Europe. For it must be understood, that after the decline of the Greek school of medicine the art had made far greater progress in North Africa than in the rest of the civilized world. The Arabian physicians had not only profited directly or indirectly by the teaching at the University of Alexandria, but had by personal researches extended their knowledge: so it was that a Christian monk named Constantine, who fled from Carthage to Monte Cassino in the middle of the eleventh century, and who had studied medicine many years among the Arabs, was able to bring with him to the Benedictine Monastery such additional accomplishments as at once made him famous. It was to him that the Salernian school owed its immediate origin. The monks had previously extended their teaching to students without their walls, but Constantine's fame soon attracted large numbers of eager scholars from all parts of the world, so that, as no tests or limitations of any sort were imposed, instruction was eventually to be had not only in Latin for the Christians, but in Hebrew for the numerous Jews who took advantage of the opportunities offered.

In a few decades the instruction crystallized into a regular university course of three years in arts and five in medicine, all of which a scholar was obliged to attend before he received his doctorship or permission to teach. The regulations enforcing this were first made

definite by Roger II, King of Sicily, in 1137, who forbade the practice of medicine within his dominions to any who had not taken the full course at Salerno, and thereafter practised an additional year with a physician. This monarch may thus be credited with the imposition of the *first State examination in medicine*, and simultaneously with the formation of a class of licensed lay-physicians, who soon spread throughout Europe the fame of the Salernian school. How far medicine had advanced in this corner of the world may be judged from the fact that surgeons were licensed only after they had devoted a year of study specially to surgery and anatomy. Now in the rest of Europe surgery was held in very slight esteem for centuries afterwards, and was practised only by barbers. Indeed it is not so long ago, only in 1745, that the Company of Surgeons in England obtained a charter of incorporation independent of that of the Company of Barbers with which they had formerly been united. As for anatomy, if we compare the provisions for its teaching with what existed centuries later in England, we shall see how far in advance of its time Salerno really was. We read, for instance, of the conditions which the Lecturer in Anatomy in Oxford had to observe in 1620. He was obliged to give three distinct lectures on a skeleton in the Michaelmas term, and to give an account of the bones, and their office, situations, etc., also four distinct lectures or demonstrations on the soft parts of the body of a malefactor during the Easter term.

For many years Salerno remained the chief European medical school, but Bologna, in the North of Italy, soon added a medical faculty to the existing ones of arts and law, an example followed by Paris at a later date; France having been previously supplied with its physicians from the University of Montpellier, long famous for its medical teachings. Another offshoot of the Salernian school was the University of Naples, established in 1224 by Frederick II, Emperor of the Romans, who appears to have attributed great importance to its medical side; while adopting the Salernian curriculum in medicine, he also framed careful laws regulating its practice. For example, the poor were to be treated gratis, and no partnership with

the apothecaries of the day was permitted. But Frederick also accorded to the members of the university valuable privileges, such as were at a later date enjoyed by the University of Paris under Charles VI; among these were immunity from all sorts of taxes, customs dues, etc., the exercise of the profession of teaching being accepted as a full discharge of their obligations to the State. He, likewise, adopted certain plans for the protection of his university, such as imposing penalties on students going past its doors, and, above all, forbidding the inauguration of competing institutions within the realm. The constitution of the University of Naples, however, did not affect so much the character of the later institutions as did Paris and Bologna. The latter soon became a formidable rival of Salerno as a medical school, following the example of Salerno in admitting women as well as men to the privileges of the university, and outstripping our modern co-education movement so far that we read of women-doctors learned in the law and in medicine lecturing within the halls of the university, and even of a female professor of anatomy.

In spite of such advantages, the revival of systematic medical education in Europe, which had largely contributed to build up the universities, did not lead to such rapid progress as might have been expected, for the system of scholastic disputations extended to the medical as well as to the other faculties. In these disputations the candidate for a degree publicly defended a series of propositions, and was opposed in argument by certain of his fellows. The truth of the proposition was not held of so much importance as the form of the argument, and if the disputant succeeded in resting his argument securely on some dictum of Aristotle, Hippocrates, or Galen, he was considered to have established his position, however much at variance with facts an appeal to nature might have demonstrated his proposition to be. It is not surprising that such a spirit should have interfered with scientific progress, and yet it is wonderful that the reign of authority in medicine should have lasted as long as it did. Its persistence in England may best be illustrated by recalling that a certain Dr. Geynes was

cited before the College of Physicians in London in 1559, because he had impugned the infallibility of Galen. After a formal recantation of his heresy, he was allowed to retain his fellowship. This, it must be understood, occurred half a generation after Vesalius had conclusively demonstrated many of Galen's anatomical inaccuracies.

However, the College of Physicians had probably not more than its share of the conservatism which is proper to corporations.

Some reference to the origin of that institution is necessary to explain its rapid rise in importance, and the gradual divorce of medical education from university education in England, which accompanied it, and which has persisted to this day. Up to the beginning of the sixteenth century the only physicians who were recognized as such, were graduates of Oxford and Cambridge, or of the foreign universities, but a host of unrecognized practitioners existed throughout the country who "professed physic rather from avarice than in good faith," and consequently the university graduates in London got themselves incorporated as the College of Physicians, with powers to examine and license such minor practitioners in the city and suburbs as did not proceed to practice through the regular channel of a university degree. The fellowship was limited (until comparatively recent years) to graduates of Oxford and Cambridge, and the licensing powers of the college were afterwards extended from the metropolis to the rest of the kingdom. The licensing power having thus been partly transferred from the universities to certain of their graduates resident in London, and the opportunities being much better there for education in the practice of medicine, the universities were deserted by students of medicine, and the numbers of those aspiring to a university degree became smaller and smaller. It was otherwise in Scotland and the continent of Europe, for there the connection between medical education and the universities has never been dissolved and continues as intimate as ever. In London, on the other hand, there arose the purely professional hospital schools, and it is only during the last fifty or sixty years that the metropolis has witnessed a reunion of medical with other university

studies within the walls of University and King's Colleges.

To complete my sketch of the connection of medical education with the universities, it is necessary to explain that within the last decade there has been a very remarkable activity in the pursuit of the sciences in Oxford and Cambridge, accompanied by an effort to regain that share in medical education which had almost entirely drifted from them. The movement has already met with conspicuous success in Cambridge, where the graduates in medicine are ten times as numerous as they were ten years ago. In the "Student's Handbook for Oxford, for 1883," it is stated that the university offers instruction in medicine, "as being necessary for a philosophical view of biological science," but arrangements made since then indicate that the university proposes to go further than this, and to follow close in the footsteps of Cambridge.

It is, however, in the Scottish and Continental universities that we realize to what importance the Medical Faculty may attain. Edinburgh has nearly three times as many graduates in medicine as she has in arts in each year, and while the latter contribute some \$2,500 in the form of graduation fees to the university chest, the graduation fees of the former amount to between \$30,000 and \$35,000 annually.

Again, in the Prussian universities more than half of the degrees annually conferred are in the Medical Faculty, and this in spite of the fact that a degree in Germany does not now carry a license to practise. It must be understood, however, that although such is the case, the State examination for license is conducted by university professors, and medical education can only be obtained at the universities.

I have not time to do more than indicate of what immense advantage to science this fostering of medical education by the universities has been. Suffice it to say, that when the physical and natural sciences had been almost entirely ousted from their proper place in the philosophical or arts curriculum, they were received and nurtured by members of the medical profession whose names consequently occupy the most honoured places in the history of the inductive sciences.

Let me now proceed to glance at our own condition in the light of the historical sketch I have given you.

The functions of a modern university may be described as including the prescription of a course of studies for its undergraduates, the control of their training and instruction, the examination of the results thereof, and the awarding of appropriate distinctions in the form of degrees. It will hardly be disputed that the most important of these is the teaching and training of the students, and yet in the English universities, so entirely had the colleges usurped that function in the beginning of this century, that the university as a teaching body was practically in abeyance. So it came to pass that when more than fifty years ago the demand for a non-sectarian university sprang up in London, a precedent existed for limiting the functions of the new institution to examining and conferring degrees, although the originators of the scheme certainly never looked forward to such limitation.

The University of Toronto was modelled after the London institution, having, however, the advantage over its prototype of including in its senate representative teachers, who secured for the Arts Faculty at least the closest harmony between the teaching and the examinations. The result of that harmony is to be seen in the constantly increasing number of graduates in arts during the last thirty years. But no such close connection has hitherto existed between the university and the instruction in medicine with a result which, tested in the same way, is just as deplorable as the other is gratifying. It is to remedy this defect in our organization that the step has been taken which we inaugurate to-day.

We have felt in the past that many of our medical graduates exhibited but little sympathy with an institution, whose halls they only entered to be subjected to rigorous examinations, where no opportunity was offered them of becoming penetrated by the *genius loci*, and no chance of meeting so as to develop any corporate spirit, or to have intellectual fellowship with the students of other faculties. We propose by our present action to remedy these great defects in the future, and congratulate

ourselves that while London is still clamoring for a "teaching university," we have advanced a step further and secured ours.

I have spoken hitherto chiefly of the university as a place for the education of its undergraduates, but we have seen that it has a higher function than that—the advancement as well as the diffusion of learning. Bacon complained at the beginning of the seventeenth century of the necessity for guarding the universities from becoming mere professional schools, and we have to guard against our faculty having no higher end in view.

How are we to account for the fact that the German universities have been able hitherto to keep this higher function steadily before them, and have thus secured their present acknowledged supremacy in the domain of the physical and biological sciences? It is the result of money spent liberally by the Government with that object. The Government contributes 72 per cent. of the annual cost of the universities, 44 per cent. of which is devoted to the equipment and maintenance of institutes which serve for investigation as well as for teaching in the various sciences. While it may very properly be contended that the mere preparation of a lad to enter a profession ought to cost the country nothing, it is quite otherwise in regard to this higher function of the university, and it is worth while to inquire what machinery is employed in Germany to perform it.

No doubt the form of examination for doctorship, which is virtually a thesis requiring some original research, tends to keep this desirable end before the minds of the students, but the most important work is done by the body of teachers, which is kept so large as to subdivide the drudgery of teaching, while in the scientific branches of medicine, like human anatomy, pathology, therapeutics, and hygiene, the chairs are generally so endowed as to enable the professors to dispense with practice, and thus devote themselves to research, and to the discovery of improved methods of teaching.

I trust we may look forward to a time when, through public benefaction, or otherwise, our university may be similarly situated.

The German universities are, further, peculiar in the large number of young teachers—the

privat-docenten—who, in their relation to the university, recall the fact that every doctorship was at first a permission to teach. Many of these *privat-docenten* have now assistantships, and it would be well if we had a series of assistantships in our medical faculty similar to the fellowships in University College. Young men who have succeeded in obtaining a university degree and a license to practise, are usually bent on at once testing their qualifications for success, and, indeed, are often obliged to do so. They rarely have so much love of learning for its own sake, or are rarely so circumstanced as to be able to give up two or three years to special studies such as would enable them to make any real advance in the science or practice of medicine. Some inducement must be held out to cause them to do so, and the best inducement to suitable men is the assuring of the means of subsistence for three or four years, access to university facilities for research during that time, and the opportunity of teaching in the branches of their special studies, for the maxim *disce docendo* would seem to be nowhere more applicable than in the various sciences.

If I were to detail all the methods which occur to me in which our university could be helped by public benefactions, I should certainly exceed the time allotted to me, but I cannot refrain from referring to the magnificent gifts of citizens in Montreal to McGill College, in the form of medical buildings, museums, additions to the library, a botanic garden, of all of which we are in urgent need.

Although we should like to see a system of fellowships for the encouragement of post-graduate studies in medicine, yet the practice has been discontinued of giving awards in the shape of scholarships and medals for distinction at the annual examinations. It has been thought that these stimulate a particular sort of preparation—cramming—which is especially undesirable in professional training. The four years of medical study are so short, and the burden of knowledge to be acquired so heavy, that the greatest judiciousness is required on the part of the teachers to ensure that the necessary training of the senses and judgment shall accompany the mere memorizing of facts. Facts are easily lost

if not bound together by principles, and consequently it will be our aim to send out our students not only well equipped for practice but with a clear conception of the main principles of the medical sciences. These have made such progress within recent years, especially in directions which prove the close bond of union between them and other branches of biological inquiry as well as physics and chemistry, that it has become all the more necessary for the student to lay a broad foundation of the physical sciences and general biology before he begins to devote himself to his special work. In this respect we are able to offer unusual inducements, for our medical students will share in all the advantages enjoyed by our students in arts.

Just a word to those undergraduates who propose to take advantage of the instruction offered by our new Medical Faculty. As matriculated students of the university you have undertaken certain responsibilities. I told you that the word *university* referred primarily to the community of interest of the members of a sort of literary republic. In this way are explained such old forms as "The University of the Masters and Scholars of Paris." Remember, then, that the reputation of the university and of our new Medical Faculty depends not only on the masters but also on the scholars. It is our intention to do everything in our power towards giving you a thorough and practical education in the science and practice of medicine. Let it be your care to profit to the utmost by your opportunities, and thus do credit to the institution which you will be justified in speaking of from to-day as your Alma Mater.

EXPERIENCE WITH TRACHEOTOMY IN DIPHTHERITIC CROUP.

BY ARCHIBALD E. MALLOCH, M.D.

(Paper read at the Canadian Medical Association Meeting, Hamilton, Sept. 1st, 1887.)

With intubation of the larynx, occupying the attention of so many, it may be of interest to bring under your notice my cases of tracheotomy in diphtheritic croup, that, added to those reported at your last meeting, as well as to those referred to at the two last meetings of the Ontario Medical Association, some idea of

the success of the operation in Canada may be formed.

Again, that as the success has been fair—one in 3⁴ cases, and greater with the last—some may be encouraged to perform the operation who might have been deterred by the adverse experience expressed at the Ontario meetings alluded to.

It might be as well to remark, that only two or three cases have been refused, in which the ordinary necessary attendance could not be obtained, or the disease had affected the throat and nose so extensively that a favorable termination under any treatment could not be looked for. Our experience in Hamilton, however, is that with extensive disease in the fauces and nares the larynx generally escapes.

In this city, for many years, we have had the sad experience of having diphtheria with us always, and I believe I express the opinion of the profession here when stating that diphtheritic croup unoperated upon is almost always fatal. The only case of recovery that has fallen under my observation after the full development of the symptoms of stenosis, occurred in the practice of Dr. Macdonald, and in this, with the sad experience of many fatal cases unoperated upon, he had advised the operation. The percentage of recoveries after operation, small though it be, has been so much better than when the cases are not operated on, that no hesitation is felt in advising the operation whenever there is retraction of the chest walls.

In the list of cases appended, the name of the attending physician or of the assistant is given, as well as the reason for classifying the case as one of diphtheria, that all possible doubt of the nature of the complaint may be removed.

With regard to the question of membranous croup, the experience has been that with membrane found in the trachea, small patches of it are to be seen in the fauces if the parts are carefully examined, so that idiopathic membranous has come to be looked upon as synonymous with diphtheritic croup. The percentage of recoveries, though not so favorable as that reported by Dr. Geo. Buchanan, of Glasgow, by the late Prof. Spence, of Edinburgh, and, more recently, by Robt. Wm. Parker, of London, who have obtained one in three, can be im-

proved, in all probability, by experience in the after-treatment.

In all the cases steam has been employed: at first by caging the crib bed and passing steam into it from a kettle; but the heat and restraint were objectionable, and the ventilation so doubtful, that the method was soon discarded, and the simple one of having a pail of boiling water constantly at the side of the crib, with a canopy over its head, was adopted, which, by supplying enough moisture, necessitates the constant attention of the nurse. With the first cases the after-local-treatment consisted only in having the inner tube removed and changed from time to time, and occasionally of having a feather passed through the outer tube into the trachea, to clear out mucus, etc., and to excite a fuller inspiration. With later cases, whenever there was difficulty in breathing, drops of hot water were trickled from the feather into the trachea, which, while irritating the passage and causing deeper efforts at inspiration, at the same time softened the firm, sticky, brown encrusted matter which so often adheres to the ends of the tubes and to the trachea.

Now, however, the nurse is ordered, whenever the sound of the breathing gets tighter, to drop in hot water with a little bicarbonate of soda (20 gr. to 3i.) in solution, and to feather the trachea through the outer tube till the tightness is removed.

It is well to have a number of small squares of old rags handy, that the feather may be drawn through one each time of removal from the trachea, that any of the sticky substance may be caught, as well as any broken portions of its vane. A rag is also useful to entangle any portions of the sticky substance or mucus expelled to the mouth of the tube, which otherwise might be sucked back by the next inspiration. A bunch of these squares and several feathers should be at the child's head at all times, for they may be needed at any moment.

Again, while at first the outer tube was not, perhaps, removed for days, it is now invariably taken out within the first twenty-four hours, and the trachea and larynx feathered with a solution of corrosive sublimate—1 to 2,000—which for two years I have been using as a

gargle in all cases of diphtheria, with, I believe, improved results.

Should the breathing not be relieved by feathering through the tube, the physician should be summoned, the outer tube removed, and the trachea and larynx feathered directly, or swabbed out with cotton wool on an applicator. In doing this it is necessary to persevere for some length of time: of course, if the fishing with the feather is successful, as shown by the removal of small pieces of this encrusted matter, one will persevere, but failing even to get these, persevere. In one case, after working by these means for twenty to thirty minutes, and failing to give relief, I thought it would be useless to return the tube, as the child apparently had only a few minutes to live. After consideration, however, it was returned, and during the struggle while introducing the tube a deeper inspiration was taken, and a large piece of this brown substance was expelled with such force as to shoot across the room. Immediate relief followed; in fact, the child, who had been struggling for breath for hours, was asleep in a minute. The patient ultimately did well.

This sudden change may seem to some a rather overdrawn picture, but not to those who have relieved the awful struggles for breath either by the operation of tracheotomy or as above. After opening the trachea the change is often so great—from the noisy, struggling respiration to quiet breathing; from the darkness of approaching asphyxiation to comparative pallor—that more than one assistant has said, "He is dead!" The relief is often so great and so immediate that the patients often fall asleep before the introduction of the tube.

The attendant must be carefully instructed to see that the lining of the inner tube is not impaired, though permitting easily the passage of the feather, for not unfrequently a sticky, yellowish-white substance adheres so tenaciously that it requires to be softened with boiling water, and then forced out by using the quill of the feather. It is almost needless to say that, on this account, the inner surface of the tubes should be as smooth as possible.

All the cases have been what is termed "dry ones," necessitating the use of warm water frequently, with one exception, No. 11, in

which the discharge bubbled up so freely that feathering was needed almost constantly to keep the tubes patent. This case made a rapid recovery. Mr. Parker notes that the "moist cases," if I may so term them, are the most favorable.

With the first cases the tubes were at once introduced after opening the trachea; but now the lips of the tracheal wound are held apart with retractors, and the trachea and larynx thoroughly feathered with the bicarbonate of soda solution, to remove all membrane and mucus, and then treated with the corrosive sublimate solution. Within the first twenty-four hours the tubes should be removed in all cases, and the trachea and larynx well cleansed and disinfected, and subsequently each day, if not oftener. The reintroduction of the tube the first time is occasionally difficult; but patience, with slight continuous pressure applied, chiefly during a respiratory effort, succeeds. Only once has the tube been guided with the handle of a bistoury, which pressed a lip of the tracheal wound to one side. After the first twenty-four hours the tracheal wound apparently keeps open, and the parts are so tunneled that the tube slips in quite readily.

The ordinary silver tubes, with movable collar attached to the outer one, and provided with a button to lock the inner tube when in its proper place, were employed, but to these there are serious objections. The turning of the button, to permit of the removal of the inner tube, is troublesome to many attendants, and the act often awakens the patient. The collar, and the fixings about it, are so uneven that they soon become encrusted with the discharges, and present anything but a business-like appearance. The chief objection, however, is that the attendant, forgetting the button, only returns the tube till arrested by it, with the result that the end of the outer tube is not freed as it should be, for when in proper position the inner tube passes beyond the outer one by one-eighth of an inch. The gutta-percha tubes of Prof. Spence were then tried. With all the objections of the ones noted above, they have the additional one of having too small a bore compared with the diameter of the tubes.

The simplest, cleanest, and most easily worked

TABLE.

No.	DATE.	NAME.	AGE.	PHYSICIAN.	ASSISTANT.	WHY DIPHtheria.	OPERATION.	RESULT.	DATE.	CAUSE OF DEATH.	DURATION.	TUBE REMOVED.
1	Dec. 1, '72	C. B.	20 months.	Self.	Dr. Macdonald.	On pharynx.	Low.	Fatal.	Dec. 6	Spreading downwards.	5 days.	
2	Jan. 25, '73	McK. L.	"	"	"	"	"	"	Jan. 25	"	20 hours.	
3	Mar. 24, '75	B. B.	6 years.	"	Dr. Mullin.	On tonsils.	High.	Well.	Apr. 10	"		12th day
4	Feb. 11, '76	S. S. J.	"	Thomas White.	Dr. White.	On pharynx.	Low.	Fatal.	Feb. 12	Spreading.	23 hours.	
5	Sept. 1, '76	W. M.	3.5 years.	Self.	Dr. Mullin.	"	Not noted.	"	Sep. 2	"	30 "	
6	" 19, '76	McL. E.	2 "	"	Dr. Macdonald.	"	Low.	"	Sep. 22	"	46 "	
7	Oct. 9, '76	S. J.	5 "	Dr. Macdonald.	"	"	Not noted.	"	Oct. 11	"	48 "	
8	May 19, '77	B. —.	18 months.	Dr. Rosebrugh.	Dr. Rosebrugh.	"	Low.	"	May 23	Attended by Dr. Rosebrugh.	93 "	
9	Sep. 21, '77	B. A.	4 years.	Dr. Miller.	Dr. Miller.	"	High.	"	Sep. 23	Attended by Dr. Miller.	32 "	
10	Dec. 15, '77	F. D.	3 "	Self.	Dr. Mullin.	"	Low.	"	Dec. 18	Pneumonia.	56 "	62 hours.
11	Jan. 6, '82	T. R.	3 "	Dr. Reid.	Dr. Reid.	Membrane wound affected.	High.	Well.				
12	Apr. 26, '82	M. W.	4 "	Self.	Dr. Mullin.	Pharyngeal.	Not noted.	Fatal.	Apr. 28	Spreading.	48 "	
13	Aug. 3, '82	H. F.	7 "	Dr. Mullin.	"	"	Low.	Well.				
14	Feb. 3, '85	C. W.	5 "	Dr. Ridley.	Dr. Ridley.	Membrane.	High.	Fatal.	Feb. 3	Heart clot.	17 "	
15	Mar. 19, '85	S. A.	7 "	Dr. Shaw.	Dr. Cochrane.	Pharyngeal.	"	"	Mar. 19	"	1 "	
16	Apr. 2, '86	P.	12 "	Dr. Millward.	Dr. Alway.	Membrane.	Low.	"	Apr. 4	"	48 "	
17	May 6, '86	M. W.	9 "	Self.	Dr. Philp.	Pharyngeal.	"	Well.	May 20	"		
18	Nov. 27, '86	H. C.	5.5 "	Dr. Miller.	Dr. Miller.	Membrane wound affected.	"	"	Dec. 10	"		9 days.
19	Dec. 13, '86	C. G.	5.75 "	"	"	Pharyngeal.	"	Fatal.	Dec. 15	Spreading.	47 "	11 "

tubes which have fallen under my observation are those of the late Dr. Foulis, of Glasgow, which I show. The curve of the tube is wide, to prevent the extremity of the tube from impinging and eroding the anterior wall of the trachea, and the inner tube is provided with a knob on each side, which strike the outer tube when in position.

In all the cases chloroform was administered, and the high or low operation performed, which ever seemed the easier after exposure of the isthmus; but the high operation seems preferable, as the trachea being here more superficial, easier access is obtained to the larynx.

The operation, with an assistant beside the chloroformist, can be almost bloodless, and is, in general, not difficult, if one just watches what is below the knife and does not cut rashly. A ligature need never be employed unless a vein crosses the line of incision. With only one person to administer the anæsthetic as well as to assist, the operation may be anything but easy, and may try the coolest operator. On one occasion, to relieve impending death, the knife has been plunged through the cricothyroid membrane to gain time for the tracheotomy which was subsequently performed.

After the operation the surgeon has, in general, no easy work before him. For days, if the case does well, he may expect to be summoned to his patient at any moment; and, perhaps, he has no sooner left the house than he is recalled.

It is to be regretted that the cause of death in the cases was not verified by *post mortem* examination, but I have never been able to get the parents' consent to one.

SUMMATION.

19 cases; 14 deaths; 5 recoveries.

11 low operations.	8 fatal.	3 recoveries.
5 high " "	3 " "	2 " "
3 not noted.	3 " "	

Gusserow (*Centralblatt für Bacteriologie*) after numerous experiments concludes that the micro-organisms of erysipelas (*streptococcus erysipelatis*) never cause puerperal fever — while Wickel sees in the virus of erysipelas the most potent agent in the production of puerperal sepsis.

ADDRESS AT THE NINTH INTERNATIONAL MEDICAL CONGRESS.*

Delivered before the Section for Dermatology and Syphilography.

BY A. R. ROBINSON, M.B., L.R.C.P. & S. EDIN.,
NEW YORK,

President of the Section.

It devolves upon me, as chairman of the Section of Dermatology and Syphilography, to perform the very pleasant duty of offering on behalf of my American colleagues a most hearty welcome to our foreign co-workers who honor us with their presence, and give us such fresh proofs of their deep interest in science by travelling so far to attend this meeting and to take an active and important part in the proceedings, although from our past history they must have very slight hope of any intellectual compensation from us. And whilst we do not promise them as warm a reception from the authorities who regulate our weather conditions, as, according to rumor, the wind-organs from certain quarters promised them weeks and months ago, yet they may rest assured that we are very glad indeed to see them present, and whilst we recognize them as leaders—as representative men in our special department, the men who have done and are still doing real scientific work, and in whom we place much hope for future advancement of our knowledge of subjects, still altogether too numerous in this branch of medicine, of which we know almost nothing—we would also gladly have welcomed a greater number of their colleagues, and regret the absence of several who, from illness or other causes, are unable to be present, although most anxious to have come.

It is fortunate that the heat will not be so great as the false prophets promised, for, knowing the effects of high temperature upon the mental powers, and the amount of raiment one can wear under great heat conditions; and that these Medical Congress meetings are partly scientific and partly social in their character, it is evident that for a successful Congress of this

* Dr. Robinson kindly furnished THE CANADIAN PRACTITIONER with the revised manuscript of his address.

kind the participants must be clothed and in their right minds. If the social part is a comparative failure, I trust that the mental food offered will be rich in valuable material. The American supply to past Congress meetings has been an unknown quantity; for this meeting we already know the quantity, and will soon know the quality.

You, as specialists, are too familiar with the dermatological literature of America, vast in yearly amount, meagre in contributions, not to wonder why, with so many writers upon the subject, with so many dermatologists animated with that peculiar American quality called "push," we have contributed so little to the recent substantial advancement in our knowledge of skin diseases. But if we consider, as we now intend to do briefly, all the conditions under which we pursue our studies in this country, it will appear strange that good work is not even rarer than it now is.

Taught in colleges, the majority of which require only a two years' course of study, the sessions of each year lasting five or six months, what inducement do such colleges hold out to their students to study medicine as it should be studied, if they are to be other than the blindest followers in the pursuit of our profession of the advice received from a few lectures or compendiums. Such a college course was, perhaps, not objectionable in colonial days, or when physicians were not a drug upon the public, as they may be said to be now, when every village is overcrowded, and continual efforts to get patients are necessary to enable the professional man to build up a practice, and, at the same time, financially to make both ends meet. It must be clear to the members of every teaching faculty in the land that a two or even a three years' course of study is quite inadequate—even if he be a student, in the best sense of the term, bright and diligent—for the responsible duties of a medical practitioner; for the faculty is the examining body, and the superficial knowledge of candidates for graduation must be painfully evident to the professors.

Lectures upon special subjects are given in the majority of the colleges, and in some of them dermatology is considered as a special subject, in which case one clinical lecture a

week is usually given. As, however, no examination upon the subject is required for graduation, the majority of students absent themselves from the lectures, but afterward receive their diploma, certifying to their knowledge of medicine in all its branches, although they may not have seen a single case of cutaneous disease, and could not diagnose an ordinary syphilide from an eczema, or even an elephantiasis from a scleroderma.

Afterwards in practice, however, they treat all patients with cutaneous disease without hesitation, as a rule, and with the utmost coolness and outward appearance of confidence in their knowledge of the "rash," for to them it is a rash and nothing more. I am not blaming those general practitioners who follow this course; it is the legitimate result of the doctrine of the teaching body, for with only a two or three years' course it is not possible to devote time to subjects upon which they are not to be examined. Neither do these remarks apply to those general practitioners, of whom there is quite a number, who have devoted post-graduate time to the study of cutaneous diseases. But a yearning after practical points—what drug to give for this or that disease; what is the best prescription for an eczema, for instance—signs pathognomonic of imperfect mental training, and the lack of clinical experience, and of the information contained in good text-books upon special subjects, bring about other evils which particularly concern us as dermatologists, and to which I will directly refer.

On account of the few lectures given upon skin diseases, and the short course of study required, it is not possible to learn dermatology in this country, except under great disadvantages at least. It is true that private instruction can be obtained at some dispensaries, and that regular clinics are held at some of the post-graduate schools; but for any extended knowledge of the subject a trip to Europe has hitherto been considered necessary. Vienna has usually been the Mecca for those who wish to specially study this subject, as the magnificent material to be seen at the Hôpital St. Louis has not drawn many students to Paris, whilst in London the patients are not used specially for teaching purposes, and consequently

the advantages for studying the subject are not to be compared to those of Vienna.

How long the student, now a physician, remains abroad depends usually upon his ideas of the proper course to pursue, and the amount of money at his command. He should remain several years for the study of histology, pathology, morbid anatomy, internal medicine, bacteriology, and skin diseases, if he intends practicing afterwards as a specialist; but that is not the course usually pursued. He devotes too much time to learning the diagnosis and treatment of skin diseases—a course very proper for a general practitioner, but not for one who ever hopes to advance our present knowledge of cutaneous diseases; for who can expect to add to the descriptions of clinical symptoms as given by such acute observers as Hebra, Wilson, Tilbury Fox, etc.—observers who have devoted their lives to the subject and seen their thousands and tens of thousands of cases. I do not say that it is impossible to do so, but he has not a heavy heart or weak imagination who expects to make a reputation in that direction.

To combine, as is frequently done, the subject of cutaneous with genito-urinary diseases, instead of with internal medicine, is a serious error; for the two classes of diseases are in no way related to each other, and a knowledge of the one does not aid us in the study of the other; whilst every one must admit the close etiological relationship of many cutaneous diseases with internal pathological conditions.

Histology—normal and pathological—bacteriology, and general pathology hold the same relations to dermatology that they do to the other branches of medicine and surgery: that is, they are essential to the foundation of a broad view of the subject, and no one can fully discuss the etiology of the majority of diseases, that important branch of medical science which at the present time is studied more than any other, without some knowledge of them.

Whether the student remains abroad for a few months only, or several years, he receives the foundation of his dermatological knowledge in foreign lands, be that slight and dangerous, or broad and capable of being built upon, according to the time and brain energy spent. The ma-

jority of dermatologists at present practicing in America have obtained their schooling in dermatology in other countries, and as they continue afterward to be more or less influenced by the teaching received abroad, they may be called followers of this or that school, depending upon the country in which they studied.

A school can exist only when there is a comparatively great dermatologist in a given country, one whose views are more or less unreservedly accepted, and his teachings followed by his countrymen and pupils, or when the leading dermatologists of a country hold similar and peculiar views. As our knowledge of cutaneous diseases increases, and the number of dermatologists multiplies, there is more and more difficulty in founding a school, so at the present time we are scarcely justified in speaking of a German, French, or English school, for in all these countries eminent dermatologists, of whom there are always several in each country, hold very widely different views concerning the etiology, nature and treatment of the inflammatory affections of the skin, and it is upon the divergence of views in reference to this class of diseases particularly that schools have existed.

As there is no particular centre for dermatological study in America, as there is no comparatively great dermatologist, and, finally, as the majority of dermatologists have had their schooling abroad and hold widely different views on the inflammatory and the other cutaneous diseases, there is no such thing as an American school of dermatology, consequently also there cannot be a representative American dermatologist, for there are no special American views of dermatology to be represented.

This is specially gratifying to your chairman, for, that being true, it logically follows that it cannot be said of him for the present occasion that he is not a good representative of American dermatology. As independent workers, each of us represents but the character of our own labors, and if that is not creditable, the author is a corresponding dermatologist. If the work done by American dermatologists, as a whole, is to be represented, then the position should not be a difficult one to fill, for the average of that work is not astonishingly high,

as shown by the articles in journals and the reports of our special societies.

Returning from his European travels—"speaking a foreign language just as well as his mother tongue"—the would-be specialist is beset by temptations to which he too frequently falls a victim. With more medical journals in the land than are necessary for the publication of papers that repay one for their perusal, there is, on the one hand, a demand for an article on some subject—it matters not what it be—by the editor; and, on the other hand, a desire to publish a paper by the specialist anxious for reputation and notoriety. The medical world at least must know that he is devoting special attention to a particular branch of medical science, and what plan so good as to write an article for a journal and, by means of reprints scattered broadcast, let the world know your specialty, name, and address. A few repetitions of this procedure will, without fail, bring patients to the office, and reputation among the mass of general practitioners. Why this latter is a result is not difficult to understand. As already mentioned the college graduates usually have no knowledge of the so-called special branches, consequently any reprint, although it be only a compilation of previous articles by real workers—and very often they are even very poor compilations—appears to the busy practitioner to contain valuable information, and the author thereof as one having special knowledge of his subject.

This mode of action is a very serious evil, and must and does bring discredit upon the specialists in that branch as a body. It is to be hoped that the protest I now enter against this evil will not be in vain, and that in the future only such articles will be published as represent real contributions to the existing knowledge of the subject discussed. We still have so little real knowledge of diseases of the skin that there is a wide field for future observation, and the energy wasted in the compilation of these papers should be devoted to original and more creditable work. Let us show that American dermatologists have the spirit and ability to do their share of work for the advancement of our knowledge in their special branch of medical science. I do not wish

to be considered as maintaining in this address that no good work has ever been done in this country, for that would not be correct; but it has borne no proper proportion to the number of articles which have been published, for too often the leading of a paper as a "contribution" to our existing knowledge of this or that disease has scarcely been justified by the contents.

As we learn most from a contemplation of our errors, I have endeavored to draw attention, as regards dermatology in America, to the faults of the colleges with reference to this branch, and the errors of action which we as specialists are liable to commit for our personal advancement, and have pointed out the way by which creditable reputation, if not pecuniary success, can always be attained.

Finally, in view of past events I desire to express the hope that another International Medical Congress will not be held in America until the profession in this country have shown by their actions a change of heart; that they are prepared to subject the desire for personal gain to the proper, nobler, and more honorable feeling for the advancement of medical science and consequent relief of human suffering.

CASE OF FRACTURE OF THE LARYNX.

BY A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.,
TORONTO.

A. S., male; age, 38; generally healthy, and of a strong muscular frame.

On July 25th, 1879, I received a hasty summons to visit a patient at Marysville, a village about three miles across the river from Fredericton, N.B., where I was then practising. The messenger informed me that the man had been struck by a slab somewhere about the neck; but he couldn't say where. He also told me the ferry-boat was waiting at the shore for me, and urged me to go at once without any delay. Thus entreated, I did not return to my house for any instruments, but started off with what I had with me, which were contained in a small pocket-case three and a half inches long. About half a mile from the village, I was met by a second messenger, who implored me to push on as the patient seemed to be dying.

On my arrival, I found the sufferer sitting out on the doorsteps of his dwelling, surrounded by a crowd of anxious relations and neighbours. They told me that he had rushed out into the open air, in a paroxysm of dyspnoea a few minutes before. He was breathing with much difficulty, and complained very much of distress and pain beneath sternum and in region of the diaphragm. His face, neck, and chest were enormously swollen, the swollen parts crepitating on pressure. The eyes were completely closed. The surface of body was everywhere colder than natural, and the skin was of a livid hue. The pulse beat slowly and feebly.

A superficial wound about half an inch long, was observed to the left of the nodian line over the lower end of the larynx. This, I was now informed, was caused by a blow from the spiked end of a peevy, which had been caught and flung from his hand by the saw-gang of the mill where he was engaged in rolling the logs into position for sawing. The condition of the patient was so critical that without further examination I then and there proceeded to open the windpipe, in order to relieve the breathing, and put a stop to the increasing emphysema. This was rather difficult, because of his sitting posture; but after cutting through an inch or more of swollen tissue, I could feel the trachea, and soon had an opening in it. In order to keep the wound freely patent for the passage of air, I introduced the artery forceps of my small pocket-case well into the trachea and held it there with its two arms wide apart.

The patient bore the operation without the least manifestation of pain, and in a few minutes expressed himself as greatly relieved. On more closely examining him, I found that the emphysema was confined to the upper half of the body, the waist-band of his trousers below, apparently, limiting by its tightness its further extension in that direction. In about an hour and a half, the tracheotomy tube for which I had sent was brought, and after withdrawal of the forceps it was secured in its place. I then for the first time allowed patient to walk into the house, and had him put to bed.

July 26th.—Rested fairly well without any

opiate. Emphysema somewhat less. Some clotted blood cleared out of inner tube.

July 28th.—Doing well; swelling continues to diminish, also soreness in chest is less. Tracheotomy tube removed, and as respiration was easy I left it out.

August 2nd.—Emphysema nearly all gone. Patient feels very well, may go out of doors when weather is fine.

August 10th.—Wound in neck almost healed.

Remarks.—I am uncertain as to the exact site of the fracture in the case reported, but suppose it must have been in the left lower wing of the thyroid cartilage, or in the left of the cricoid. I did not at the time of the operation notice any fracture, but such might very readily have escaped detection in the swollen condition of the soft parts. After recovery there was no marked irregularity of either cartilage to indicate the line of fracture.

In the article on injuries of the neck in "Holmes' Surgery," Mr. Arthur E. Durham gives a table of sixty-nine cases of fracture of the larynx, fifty-three of which proved fatal. It is, therefore, evident that such injuries are among the most dangerous of those with which the surgeon has to deal. I suppose that my patient's speedy recovery is to be attributed in great measure to the absence of any marked displacement of the broken cartilage, which permitted the respiration to be freely restored as soon as the emphysema and other swelling was reduced.

The rapidity with which the air can infiltrate the cellular tissue in such injuries is well exemplified in this case. It could only have been about two hours after the accident when I first saw the patient, and one would think the laceration of the mucous membrane must have been considerable in order to allow of so extensive emphysema in that time.

ANTIPYRINE IN CHOREA MINOR.—Dr. Wollner (*Münchener Med. Woch*) treated successfully with antipyrine a chlorotic girl sixteen years of age, who suffered from chorea minor after an attack of acute rheumatism without cardiac affection. Complete recovery took place in twelve days. The dose administered was 15 grains three times a day.

OPHTHALMIC MEMORANDA.

BY R. A. REEVE, B.A., M.D.,

Professo of Ophthalmology and Otology, University of Toronto.

THE NEW LOCAL ANÆSTHETIC, GLEDITSCHINE
(SO-CALLED, STENOCARPINE).

With W. Goodman, V.S., U.S., rests the honor of discovering the anæsthetic properties of the leaves of a certain tree in Louisiana; Dr. Seward, of New Jersey, has the credit of first isolating an alkaloid from them and proving its local anæsthetic power; and to Dr. J. H. Claiborne, jr., New York, we are indebted for the first account of its distinctive local effects,* and for identifying the tree as the *gleditschia triacanthos*, or thorny locust.†

Prof. H. Knapp, of New York, first showed‡ the toxic qualities of the drug, and urged the need of care in applying it to open wounds and under the skin. He found the symptoms of poisoning in rabbits to be like those from strychnine.

Gleditschine—2 per cent. solution—like cocaine anæsthetizes the corneæ and conjunctiva in five minutes or less, but it affects the pupil and the accommodation much more than does cocaine, the mydriasis being at least as prompt and marked as that by atropine—full dilatation in twenty minutes and lasting three or four days. It paralyzes the ciliary muscle in from thirty minutes to three hours, according to circumstances, as age, dosage, etc., and the accommodation is regained in from two to four days; in atropinization, in from six to eight days. Should diminished tension, noted by Dr. Claiborne, prove to be one of its regular effects, the value of this useful agent will be enhanced. In a case of the writer's, of iritis with glaucomatous tension, necessitating paracentesis corneæ, this property seemed to be of special value. At anyrate, atropine which tended to heighten tension was exchanged for gleditschine, and and mydriasis was kept up without further plus tension, and also with marked relief of pain.

* *N. Y. Medical Record*, July 30, 1887.

† "Rich in woods from Pennsylvania to Virginia, Illinois and South-westward. Common in cultivation as an ornamental tree, and for hedges."—*Gray's Botany*.

‡ *N. Y. Medical Record*, August 13, 1887.

During the past month, or more, the writer has used gleditschine, two per cent. solution, in various operations upon the eye, removal of foreign bodies, in ulcers etc., of cornea, and in paralyzing the accommodation; and also to anæsthetize the nasal mucous membrane before using the galvano-cautery. As a local anæsthetic for operative purposes cocaine is preferable to gleditschine owing to its transient effect on the pupil and ciliary muscle; and the toxic properties of the latter will preclude its free use hypodermatically. Professor H. Knapp considers gr. $\frac{1}{6}$ the largest safe dose of gleditschine with the needle, and even this is unsafe in vascular tissues. Whereas the writer has used about two grains of cocaine salt with impunity in enucleating the eye without general anæsthesia. In congestion and inflammation of the iris, simple, or complicated with tendency to glaucoma, or secondary to keratitis, trauma, etc., gleditschine—alone or combined with atropine, *p. r. n.*—will prove superior to cocaine. Where mydriasis is indicated in subjects of fifty and upwards, in whom atropine sometimes induces glaucoma, gleditschine will be safer than atropine.* And it will largely supplant the latter for paralyzing the ciliary muscle in testing refraction; though homatropine hydrobromate will often be better than either, for a 1 to 2 per cent. solution of it instilled from four to six times at intervals of fifteen minutes, will frequently paralyze the accommodation in an hour, ability to read ordinary print returning in from twelve to twenty-four hours.

Experience proves that it is desirable to use both cocaine and gleditschine with some caution, and the least quantity likely to be effective should be used in each instance. Much less cocaine and weaker solutions, are utilized in ophthalmic surgery than formerly, a 1 or 2 per cent. solution being often made to do duty in lieu of a 4 per cent. Unpleasant systemic effects, as faintness, dizziness, nausea, etc., are thus best averted, and also necrosis of corneal epithelium and, indeed, of cornea itself, which have been occasionally reported.

* Solution Atropiæ Sulph. gr. $\frac{1}{6}$ ad. one ounce Aq. dest. suffices for ophthalmoscopy, and does not affect the accommodation.

HYDROGEN DI-OXIDE (PEROXIDE).

This agent, which Fownes tells us, "is an exceedingly interesting substance, but very difficult of preparation," now takes front rank as a bactericide and disinfectant, and is furnished to the profession in 5 to 15 volume aqueous solutions. The latter contains about 3 per cent. of the pure H_2O_2 , and forms a clear, colorless, inodorous fluid which is unstable above 65° Fah., and, yielding oxygen readily in the nascent state, acts strongly as an oxidising and bleaching agent. Miguel's tests shew the hydrogen di-oxide solution to be many times as powerful as carbolic and salicylic acids as an antiseptic and disinfectant. The writer was led to try its efficacy by a remark of a savant at the British Science Association meeting in Montreal, to wit, that H_2O_2 was the most potent bactericide known. Its power to destroy pus and arrest fetor was first seen in aural practice; as long as there was any pus in the ear the characteristic frothing process would continue in the meatus with a seething or crepitant sound. It has been an admirable cleanser in purulent catarrh of the lachrymal sac, as it is in case of all pus-secreting surfaces, and has proved of special service as a collyrium in purulent conjunctivitis. When a one per cent. solution is instilled under the lids the pus is quickly destroyed and ulcers are cleansed. It may be applied alone or after irrigation by sol. acid boracic and use of cocaine, and if the solution be not acid the injection is non-irritant. It is, of course, more active than acid boracic, and is free from the offensiveness of carbolic acid. From its marked effects upon croupous and diphtheritic membranes, it will prove valuable in these varieties of conjunctivitis, though happily the diphtheritic is rare in this country. Acid solutions of H_2O_2 are too irritating, and should be treated with Ba. cl. and filtered. It would be out of place here to dwell upon the general application of H_2O_2 in medicine and surgery. Its value is, unfortunately, impaired by the difficulty of making and keeping it.

Glycozone, or ozonized glycerine, yields oxygen less rapidly than hydrogen di-oxide solution, and, therefore, as it acts more slowly but persistently than the latter, will have its special

uses. Ozonized ether and the "Sanitas" preparations are other forms in which H_2O_2 is utilized with advantage.

THE ACTUAL CAUTERY IN CORNEAL ULCERS.

Since it became known that the conjunctiva was the habitat of microbes, some of which were pathogenic and the cause of suppuration, treatment of certain lesions has become less empirical, and eye operations have proved more generally satisfactory than formerly. It is well known that many ulcers are quite tractable, and that others tend to progress steadily in spite of careful local and general treatment. One example of the latter is the so-called creeping ulcer of the cornea, which new tissue becomes infiltrated and necrotic from day to day. That there was need of a better remedy than any in hand was proved by the readiness of specialists a few years ago to adopt the method of Sæmisch, and make a section of the cornea across the side of the ulcer, re-opening the wound daily so as to evacuate the anterior chamber. This plan doubtless saved eyes otherwise doomed, but was ineffective in too many instances; and the neglect to destroy the pyogenic fungi present in this and other infected ulcers, furnishes a good reason for its failure. To kill the infesting microbes and keep the conjunctival sac as aseptic as possible is, of course, the desideratum. For the latter purpose frequent irrigations with sol. acid carbolic, acid boracic, or the use of pulv. iodoform, etc., and more recently sol. hydrogen di-oxide are practised. And to attain the former end the application of iodoform, or iodol, or pure carbolic acid, or the cautery, prove generally satisfactory. Dr. Williams, of Cincinnati, has used carbolic acid for a number of years with seeming satisfaction. The writer's experience during several years past with the actual cautery has led him to regard it as a safe and reliable method of treating corneal ulcers, and since cocaine came in it has been used the oftener, though it caused but little pain. The galvano-cautery, warmly advocated by some, has been rarely used; but, as a rule, a short piece of platinum wire, held in a small bone handle, as of crochet needle, has been brought to a white heat in the flame of a small spirit lamp, and quickly and lightly applied to the

surface and infiltrated edges of the ulcer. Generally one application suffices, but at times several have been required in order to arrest the morbid process and secure healing. And where Sæmisch's incision has seemed necessary, prior cauterization has been done. In a few instances, depending possibly on mal-nutrition, etc., the ulceration has progressed. The writer has not found leucoma or decided opacity to follow the use of the cautery, and this result complained of, has probably been due to the too free application of the galvano-cautery point. In using carbolic acid, a silver probe should be merely moistened by dipping, but not have a drop hanging from the point; or a very small tuft, wound on the end of a probe, answers well; and this, rather than the actual cautery, will likely be found the most convenient mode by the general practitioner. In pustular ophthalmia, and some cases of the phlyctenular variety, in which, by the way, a microbe has been found, the cautery will be of service.

The writer has never found inflammatory reaction of any moment follow the use of the actual cautery, even when passing the glowing wire into staphylococci. Cocaine and cold water dressings are occasionally necessary.

MITCHELL'S VARICOCELE NEEDLE.—Dr. Mitchell, in writing to the *N. Y. Record*, says:—While there are other needles already in use similar to this, yet this possesses some new features, and decided advantages over any that have so far come under my notice.

By the aid of this little instrument, the operation for the subcutaneous ligation of the spermatic veins is extremely simple, and may briefly be described as follows:

The hair on the affected side of the scrotum may be shaved off front and back and the parts perfectly cleansed. A few minims of cocaine 4 per cent. sol. are injected under the skin at the seat of the operation.

The operator now isolates the vas deferens, and holds it with his left hand to the inner side of the scrotum. With his right hand he takes the needle threaded with a sufficiently long silk ligature (previously boiled to make it antiseptic), the two ends of which he holds firmly with the handle. Holding the flattened point perpendicularly he plunges it quickly through the scrotum, the point with the ligature sticking out behind. He can now let go the vas deferens, and draw one end of the ligature out of the orifice of exit, and out of the eye of the needle. He now withdraws the needle, *back to, but not out of, the orifice of entrance.* The point of the needle is now carried *subcutaneously* around the veins, and made to emerge *exactly* at the orifice of exit. Here the ligature is quickly and easily threaded into the *large eye*, and both withdrawn through the orifice of entrance.

The instrument is manufactured by Messrs. Hazard, Hazard & Co., corner 5th Ave. and 24th St., N.Y.



Selected Communications.

THE CARDIAC RELATIONS OF CHOREA.*

BY WILLIAM OSLER, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania
Physician to the University Hospital.

The heart symptoms of chorea demand special consideration as among the most important and peculiar features of the disease. Chorea is rarely a fatal disease in children, and hundreds of cases may be treated without a death. By far the most serious fact in the clinical history of the disease is the occurrence of endocarditis; but here the danger is remote, not immediate, and lies in the changes which an acute valvulitis may initiate.

A satisfactory study of the cardiac relations of chorea must embrace the condition during the attack, and the subsequent heart history after a period of years. The first question has engaged the attention of many workers, and an attempt is here made to work out the second on a scale not hitherto attempted.

I. CONDITION OF THE HEART DURING THE ATTACK.

Oftentimes the extreme jactitation renders the examination of a choreic child difficult or even impossible. I make it a rule to examine the bare chest. Auscultation through the clothing is not trustworthy, as soft murmurs, readily audible with the stethoscope, may easily escape detection. It is a good plan to let the child lie quietly on a lounge for some time, and make the first examination in the recumbent position when the heart's action is less rapid. Subsequently the effect of exercise and of the erect posture may be tested.

In chorea, as in rheumatism, the evidences of cardiac disease must be sought for, as it is rare to hear complaints of either palpitation, pain, other symptoms which would direct attention to the heart.

The cardiac disturbance is indicated by the presence of murmurs, alteration in the rate or rhythm of the heart's action, and by pain.

* Abstract of paper to have been read at the meeting of the Canadian Medical Association, and published in the *American Journal of the Medical Sciences*.

A murmur at one or other of the cardiac areas is by far the most common sign, and is present in a considerable number of all cases. Of 410 cases in the records of the Infirmary for Nervous Diseases, there were 120 which presented a heart murmur at the time of examination. In at least 40 cases there was either no note or an imperfect one, and in very many the exigencies of out-patient work prevented a very thorough examination. It can safely be said that in over one-third of the cases a heart murmur was detected, and I have no doubt that this number would have been much increased had each child been stripped and special attention given to the auscultation of the heart.

Of the 120 cases, 113 presented the apex systolic or mitral murmur, in 7 a basic, and in 3 both apex and basic. In 15 cases the heart's action was noted as rapid, and in as irregular. Pain was not a frequent complaint, and was noted in only 6 or 7 cases.

It is common experience that the special indication of heart trouble in chorea is the presence of a soft systolic bruit, heard best at the apex or over the body of the ventricles, and not often propagated to or beyond the mid-axilla. Basic systolic murmurs are usually associated with anæmia or debility. Diastolic and presystolic murmurs rarely, if ever, occur in acute chorea.

Much has been written in explanation of the heart murmur of chorea; an idea of how much may be gathered from the fact that a discussion of the theories which have been advanced occupies twelve pages in Hayden's work on "Diseases of the Heart." We are concerned chiefly with the apex systolic murmur, universally recognized as the most frequent and characteristic sign of implication of the heart in chorea. Speaking generally, we meet with such a murmur in mitral endocarditis, or in relaxation of the ventricular walls, such as occurs in anæmia and fevers, and it is attributed to regurgitation through the mitral orifice, owing either to absolute insufficiency, in consequence of the endocarditis, or to relative insufficiency when the normal valves are unable to close an orifice enlarged as a result of relaxation of the heart muscle. In chorea a special theory of musculo-

papillary spasm has been advanced to account for the mitral murmur.

I am strongly of the opinion that the apex systolic bruit of chorea is, in at least nine out of ten cases, associated with endocarditis:

1. The extraordinary frequency with which mitral valvulitis is met with in fatal cases. There is no known disease in which endocarditis is so constantly found, *post-mortem*, as chorea. As the figures above quoted show, it is exceptional to find the heart healthy. I do not know of statistics of any very large number of fatal cases of acute articular rheumatism to place besides these figures, but I doubt if even this disease, so prone to endocardial complication, can be compared with chorea in this respect. Dickinson has raised the question whether these beads of fibrin are not rather the consequence than the cause of the valvular defect, and Sturges holds that this appearance does not represent a true inflammation of the endocardium. Whether a true inflammation or not, I think it must be conceded that the lesion is identical, microscopically as well as macroscopically, with simple or warty endocarditis as we see it in other diseases.

2. The character and location of the murmur are such as experience in other affections has taught us are associated with inflammation of the mitral segments. I speak of the apex bellows-murmur. Why this should be so generally associated with the presence of a row of small warty vegetations just within the auricular margins of the curtains, not, one would think, seriously interfering with their functions, is a problem to be solved. The condition certainly does not necessitate regurgitation, and the bruit may perhaps, as has been suggested, be due to friction of the roughened faces of the segments.

3. The inconstancy of the murmur and its disappearance on the subsidence of the chorea have been urged against this view. Now we must acknowledge that the bruit may be variable and, indeed, does not necessarily accompany mitral endocarditis. Kirkes, years ago, insisted upon this, and there have been two autopsies in carefully studied cases of chorea in which the vegetations were found *post-mortem*, and careful examination failed to reveal a murmur.

The facts which I shall subsequently give suggest that we may during the attack have an endocarditis, not manifest even by a murmur, but which has laid the foundation of future trouble. The disappearance of the apex murmur of chorea—and of rheumatism too—has been repeatedly followed, and if caused by the small vegetations, this is a natural sequence of the changes which go on in them. At first a soft granulation tissue, they become in time firmer, smaller, and ultimately smooth flat elevations mark the spots. It is not improbable that if we could follow accurately the auscultatory history of a valve affected with acute endocarditis, we should find in many cases that the murmur of the fresh attack disappeared, to reappear when the changes, which it is the misfortune of the acute disease to initiate, have reached a point of interfering with the competency of the valve.

4. In its sequel the cardiac affection of chorea has been supposed to differ from that of other diseases, "as none of the injurious after-consequences which attend endocarditis in its other relations . . . are found to ensue here" (Sturges). A study of any large number of choreics some years subsequent to the disease tells, as I shall show, a sad tale to the contrary and proves that the primary heart trouble is, in a majority of cases, at least, endocarditis.

II. THE CONDITION OF THE HEART IN CHOREIC PATIENTS SOME YEARS AFTER THE ATTACK.

Owing, doubtless, to the difficulties inherent to such an investigation, this line of inquiry has not been followed by many workers. Indeed, so far as I know, Dr. Stephen Mackenzie's paper, at the London International Congress, is the only one which has dealt with the subject, and he has examined 33 patients at periods from one to five years subsequent to the attack. Postal cards were sent to all the choreic patients, in sets of twenty-five, who had been in attendance at the Infirmary since 1876, asking them to return for the purpose of having the heart examined. One hundred and ten came back, a number much exceeding our expectations. All the more recent cases in attendance at the clinics have been excluded—all, indeed, after March, 1885, so that the study is based upon 110 cases in which the

examination was made *more than two years* subsequent to the attack of chorea. In each case, as it came, reference was made to the original notes, questions asked concerning subsequent attacks, and rheumatism, and the heart examined in the recumbent and erect postures at rest, and after exertion.

The results summarized, are as follows: In 43 cases the heart was normal, in 54 there were signs of organic disease, and in 13 there was functional disturbance.

Of the 43 cases in which the heart was found normal, 12 had had three or more attacks, 8 had had two, and 23 a single attack. There was a history of rheumatism in 8—*i.e.*, 18.6 per cent. In six of these cases the rheumatism was acute. In only two cases had there been a murmur noted at the time of the original attack.

From the cases presenting abnormal physical signs, 13 may be separated as examples of functional trouble. They are cases without signs of enlargement of the heart, and with localized or variable murmurs. Ten presented soft apex systolic bruits not propagated, in three variable with position. In most of these there was accentuation of the second left pulmonary sound, but I do not think much stress is to be placed upon this sign in young persons, as it is by no means uncommon in normal hearts. Particular attention was paid to this point in the examination of all the cases and comparison made between the sounds in the second right and second left spaces. There were 10 normal cases in which the pulmonary sound was distinctly louder than the aortic, and in some instances reduplicated. No note was taken of the murmurs, so often developed in the region of the pulmonary artery during respiration and which are extremely common in thin-chested children. In two cases the sounds in this region were clear in the erect posture, but in the recumbent position systolic bruits developed; in both the second sound was accentuated, and in one the area of pulsation somewhat increased. In the third case there was a soft systolic murmur in the second and third spaces in the recumbent position only, with accentuation of the pulmonary sound and the apex beat outside the nipple line. In some of these there may

have been organic changes in the valves, but I deemed it best to exclude all doubtful cases.

There remain for consideration 54 cases with signs of valve disease. In 21 cases there had been three or more attacks of chorea.

The facts regarding rheumatism are interesting. In 22 cases, 40.7 per cent., there was a distinct history of articular trouble, sometimes with the chorea, but in 6 cases from one to five years after the attacks. Comparing the frequency of rheumatic affection in this group, 40.7 per cent., with that in the total number of cases, 15 per cent., or with the group of 43 normal cases, 18.6 per cent., we see the influence this disease exercises in producing the heart lesions. We have, however, the larger proportion 59.3 per cent., of the cases without any history of rheumatic trouble. Of the 21 cases which had had three or more attacks of chorea, only seven had rheumatism.

A study of the cases justifies, I think, the following conclusions:

1. That in a considerable proportion of cases of chorea—much larger than has hitherto been supposed—the complicating endocarditis lays the foundation of organic heart disease.

2. In a majority of the cases the cardiac affection is independent of rheumatism, and cannot be regarded as in any way associated with it; unless, indeed, we hold with Bouillaud, that in the disease "*chez les jeunes sujets le cœur se comporte comme une articulation.*"

3. As the presence of an apex systolic murmur in chorea is usually an indication of the existence of mitral valvulitis, as much care should be exercised in this condition as in the acute endocarditis of rheumatism. Rest, avoidance of excitement, and care in convalescence may do much to limit a valvulitis, and obviate, possibly, the liability to those chronic nutritional changes in the valves wherein lies, after all, the main danger.

PUERPERAL SEPTICÆMIA.—Dr. Archibald D. Macdonald, of Liverpool, England, dislikes the term puerperal septicæmia, and prefers to call it puerperal micro-organismæmia. There is much to be said about anything that looks so well on paper, but we are not certain that it will come into general use.

ON HEPATIC CIRRHOSIS IN CHILDREN.

BY R. PALMER HOWARD, M.D., L.R.C.S. ED., LL.D.,

Professor of Medicine in McGill University, Montreal.

Having met with two cases of that rare affection in children, cirrhosis of the liver, I venture to make them the subject of a few observations; not that I hope to remove the obscurity which surrounds the subject, but rather to add to the few examples already recorded two more, in which neither the use of alcohol nor the virus of syphilis can be assigned as the cause of the hepatic cirrhosis.

The infrequency of cirrhosis of the liver in children may be substantiated by a few quotations. Thierfelder speaks "of the absolute rarity of the affection as regards children." Hensch admits that he never found the disease "fully developed in children." Dr. Charles West states that "an experience of 70,000 cases of children's disease had yielded him but four examples of hepatic cirrhosis." The late lamented Flint, in a private letter to me respecting one of the cases about to be reported, dated December, 1884, remarks that "in so young a subject the disease is exceedingly rare." And Neureuter estimates its ratio to other diseases admitted into the Franz Joseph Hospital for children at one-tenth of 1 per cent.

The known conditions in the human subject under which interstitial hepatitis occurs are somewhat numerous and may be thus classified or grouped:

1. Toxic or irritating substances entering the blood; (a) especially alcohol, (b) syphilitic virus, (c) malaria, (d) probably, but rarely, lithic acid when productive of the lithic acid or gouty dyscrasia, (e) blood pigment in diabetes.

2. Chronic congestion of the hepatic vein, as in valvular and pulmonary diseases, and in those rare affections of which I have seen examples, obstruction or obliteration of the hepatic veins, or of the inferior vena cava above entrance of the hepatic vein.

3. Adhesive inflammation of the portal vein (pylephlebitis), especially the syphilitic variety, three cases of which I have found reported.

4. Extension of inflammation to the inter-

stitial tissue of the liver in chronic peritonitis, and in perihepatitis.

5. Obstruction of bile ducts, whether from congenital defects (absence of common duct) or from post-congenital disease (tumors, gall-stones, or experiment ligatures).

6. In association with tubercular disease, more especially of the lungs.

7. As a part of a general tendency to new formation or hypertrophy of connective tissue in the system, the so-called fibroid diathesis.

I have not had time or opportunity to institute a very extensive search into the literature of the subject, but have collected 61 cases of cirrhosis of the liver in children up to the age of puberty, which, with 2 personal cases, give an aggregate of 63.

The symptoms of hepatic cirrhosis in children are identically those of the disease in the adult. I shall speak very briefly upon a few of them. In the two examples seen by the writer, there were present on the face stigmata composed of collections of dilated minute venules. Although they have been spoken of by some few authors, they are rarely alluded to in systematic descriptions of cirrhosis, and are mentioned but once in the records of the other cases, 61 in number, which I have collected and studied. Their presence should suggest an examination of the liver with special reference to the probable existence of cirrhosis.

The opinion commonly held by the profession is that cirrhosis of the liver is a non-febrile disease, yet in 10 out of 52 cases, uncomplicated by other affections that might produce pyrexia, cirrhosis was associated with fever; that is, in 19.2 per centum. The same association obtained in 5 other instances in which either simple or tuberculous inflammation complicated the cirrhosis and may have produced the pyrexia. Dr. R. E. Carrington, who has recently drawn attention to this circumstance, found an irregular febrile temperature present in 18 out of 44 cases of cirrhosis, or in 43 per cent. (This includes seven children's cases.) It would not, however, be safe to conclude from these figures that cirrhosis is less frequently associated with a febrile temperature in children than in adults; for the records of many of these are altogether devoid of details

on this point. Of these 10 febrile cases of uncomplicated cirrhosis, 4 presented the hypertrophic form, 4 the atrophic, and 2 had normal sized livers.

In the 56 cases of non-syphilitic cirrhosis, ascites existed in 34; it was absent in 8, and it was not mentioned in 14. It is interesting to note that in the 13 instances of hypertrophic cirrhosis ascites was absent but twice, not mentioned twice, and present, contrary to the opinions of some authors, 9 times. On the other hand, abdominal dropsy was absent in 4 out of 19 instances of atrophic cirrhosis, in which it is thought to be rarely wanting, present in 14, and not mentioned in 5 cases.

Icterus, more or less deep, was present in 23 cases, absent in 12, and not mentioned in 21 of the non-syphilitic group. These cases do not confirm Fagge's statement that where cirrhosis is associated with jaundice the liver is not contracted, as a rule, but is increased in size. For in the 13 hypertrophic examples jaundice was present 7 times, absent 3 times, and not mentioned 3 times; while in the 19 atrophic examples it was present 10 times, absent 4 times, and not mentioned 5 times. In other words, icterus coexisted with the hypertrophic form in 70 per cent., and with the atrophic in 71.4 per cent.

The fatal issue of hepatic cirrhosis in children is brought about in many different ways; but there are three especially frequent, viz, by toxemia, or certain disturbances of the nervous system, by peritonitis, and by asthenia, in the production of which hemorrhage plays an important rôle. These three modes of termination obtained respectively in 12, 9, and 8 instances. Pneumonia seems to have been the immediate cause in 3 instances. The following affections held the same relation respectively in one instance: pleuritis, pulmonary congestion, tuberculous meningitis, ulceration of the entire colon, and "diarrhœa, with fits."

The toxæmic symptoms in these children, the subjects of hepatic cirrhosis, have been more especially violent fits of crying, and frequently of screaming, delirium, dilated pupils, stupor, tremor, twitchings, clonic or tetanic convulsions, rigidity, coma and hemorrhages from stomach, nose, intestines, or kidneys.

In conclusion, it results from this analysis of these 63 cases of hepatic cirrhosis in children—

1st. That most of the established causes of the disease in adults obtain also in children, more especially the use of alcohol, present in 15.8 per cent. of the whole number; syphilis, chiefly hereditary syphilis, present in 11 per cent.; tuberculous disease of other organs than the liver, in 11 per cent.; also, but much less frequently than these, venous congestion of the liver, peritonitis, and a general tendency to connective tissue formation in the system.

2nd. That syphilis occasionally tends to a diffuse interstitial hepatitis or cirrhosis, by first inducing an adhesive inflammation of the portal vein.

3rd. That a general arterio-capillary fibrosis is not proved by these cases to be the usual, and probably not even a frequent, cause of hepatic cirrhosis in childhood.

4th. That more than half of the cases of hepatic cirrhosis in children do not appear to be produced by the above-mentioned well-established causes of that affection.

5th. That there is some evidence that cirrhosis of the liver may be very exceptionally induced by the acute infectious diseases—cholera, typhoid fever, measles, scarlatina, but that proof of this is wanting.

6th. That the habitual use of a stimulating diet, or the absorption of the products of faulty digestion, are probably fruitful sources of hepatic cirrhosis in children.

7th. That it is in harmony with what is known of the causes of hepatic cirrhosis to believe that the bodies known as ptomaines may be capable of exciting a cirrhotic condition, and that investigation of this subject deserves attention.

8th. That the period of childhood most liable to cirrhosis of the liver is from the ninth to the fifteenth year inclusive, but that it may be congenital and may occur at any age after birth.

9th. That it is twice as frequent in male children as in female.

10th. That its symptoms are essentially the same in childhood as adult life.

11th. That it is frequently accompanied by pyrexia.

12th. That ascites or icterus, and frequently

both together, are of common occurrence in the atrophic and the hypertrophic forms.

13th. That the group of symptoms which have been referred to cholæmia or to cholestæmia or to acholia, and even sometimes to uræmia, frequently ushers in the fatal issue of hepatic cirrhosis in children.—*American Jour. of the Med. Sciences.*

DYSPNŒA IN LEUCÆMIA.

CLINIC BY PROFESSOR VON BAMBERGER,

Professor of Medicine in the Vienna University.

(Translated for the CANADIAN PRACTITIONER.)

Patients frequently present themselves here suffering from a marked anæmia of the skin and mucous membranes, and a peculiar firm elastic œdema of the surface of the body and lower extremities. They have also a very striking inspiratory dyspnœa and a considerable enlargement of the spleen and liver. The most striking symptom, however, is evidently the dyspnœa. Now, what is its origin? One's first thought on seeing such a serious case of dyspnœa, apart from any obstruction in the larynx, is an affection of the lungs. An examination of the lungs, however, will show nothing which could give rise to such a condition, for percussion and auscultations sounds are normal, unless for some slight crepitation. There is certainly no change in the lungs which could explain such extreme dyspnœa. Then it might arise from heart trouble: either from hypertrophy and dilatation of the right ventricle, and consequent permanent congestion of the pulmonary vessels, or more frequently from disease of the left auricle and ventricle, complicated with weakness so that the heart does not contract in the ordinary manner, and the blood becomes dammed up in the pulmonary veins. Serious forms of dyspnœa may also occur from valvular incompetency, from diseases of the muscular tissue of the heart, fatty degeneration, sclerosis of the coronary arteries, etc., whereby it may happen that a partial paralysis of the left heart may result, and incomplete emptying of the pulmonary veins may take place.

An examination of the heart, however, proves no abnormal condition. It is normal in size,

the sounds are clear and without any murmur, somewhat weak, perhaps, because the whole system is weak, but not to such a degree as will explain the dyspnœa. Evidently the dyspnœa does not depend on this cause. But there are other conditions which may give rise to it: for instance, though it cannot be demonstrated with certainty, some disorganization of the respiratory centre in the medulla oblongata may produce great dyspnœa, and it may also arise from various changes in the blood mixture.

This latter may happen in various ways. Certain changes may cause an abnormal excitation of the respiratory centre, probably owing to a lack of oxygen in the blood, so also may different other substances of a poisonous nature. In this class we have uræmic dyspnœa where, through retention in the blood of those constituents which should be excreted with the urine, whether urea or the change-products of it, severe dyspnœa occurs merely through the abnormal excitation caused by the same in the respiratory centre. All cases of dyspnœa from kidney disease, however, are not of this nature. In Bright's disease, in stone formation, in hydronephrosis, we find dyspnœa occurring, which is anatomically the result of intercurring œdema of the lungs. This condition is, moreover, very easily recognized, because œdema of the lungs gives positive symptoms. We find the tympanitic percussion sound and, perhaps, moist sonorous or sibilant râles in greater or less extent. Kidney disease may also produce other conditions which lead to dyspnœa, such as pleuritic exudation, pneumonic exudation, or lobular masses, forms which are readily to be distinguished from those produced by pure uræmia. Similar results occur also in diabetes, in which peculiar infection of the blood we have probably a like connection with the sugar or the products of change from it—whether it is the acetic acid or acetone is not yet certainly known. Also in *coma diabeticum* occur grave forms of dyspnœa. Having found, then, the lungs and heart healthy, and nothing abnormal present in the abdominal cavity which, through pressure on the diaphragm, could explain the dyspnœa, we can at once come to the conclusion that there must be some abnormal excitation of the respiratory centre; we might

suspect a disease of the kidneys, but an examination of the urine shows nothing which could support that view. We find it rich in urates, uric acid, and uric salts, a trace only of albumen, and extremely few casts. Single cylinder casts are almost always present when there is albumen, showing that a direct connection must exist between them, but on such slight evidence one must not diagnose kidney disease. On the other hand, the high degree of 'anæmia demands that a closer examination of the blood be made. The examination of a drop of blood under the microscope shows in these cases a great diminution of the red corpuscles; they are widely separated from one another and form rouleau only in a few places, and among them are a large number of colorless elements, from thirty to forty in one field. If a higher power be used, one observes granular cells without nuclei, four or five of them running together and considerably larger than the colored corpuscles. Examined by Fleischl's Hæmometer, we find the hæmoglobin much below normal—about forty per cent.

The red corpuscles number about 2,529,000 in the cubic millimeter, or less than half what they ought to be; accordingly we find a striking condition of the blood, changes in the number of the red corpuscles whilst the white corpuscles are largely increased. Evidently these alterations belong to a series of leucæmic changes. Then the examination of the internal organs proves a marked enlargement of the liver and spleen, especially the former. We shall find changes also frequently in other organs, such as alterations in the retina, as infiltrations, hemorrhages, etc.; accumulations of leucocyptres takes place also in the marrow of the bones, causing pain and swelling from pressure. The swelling of the glands, however, does not present itself so manifestly. Having then such a marked enlargement of the spleen and liver whereby such alterations exist in the blood as we find in leucæmia, increase of the white and decrease of the red corpuscles to so great an extent, we can immediately declare that there is predominant at the root of the evil a hepatic form of leucæmia, whilst the gland changes are manifestly secondary. Varying somewhat from the usual in this form of leucæmia is the

case when the spleen is immensely enlarged so that it reaches even down into the pelvis; the liver being at the same time greatly increased, but not to the same extent. The enlargement of both organs springs from the same origin—the accumulation in such abundance of the white elements of the blood forcing themselves into the parenchyma of the spleen and into the periphery of the hepatic lobules, following the course of the vessels, and forming whitish grey masses around the lobules. In the vessels themselves one finds sometimes an accumulation of these colorless bodies in some places so that single vessels occasionally become plugged up. Why it is in these cases the changes in the liver are so much greater in proportion is difficult to say. Possibly some pathological condition may have existed there previously; a diffuse cirrhotic degeneration is unlikely, but there might easily have been a mild form of fatty degeneration. In other respects the condition presents a typical form of leucæmia, and especially is the dyspnœa characteristic. The dyspnœa you will recognise as long as there remains any leucæmia, although the former is not necessarily present in every case. It does not stand in direct relation to the colorless elements. We have frequently observed leucæmic cases of this kind (in which the changes in the blood were still more marked) and yet no dyspnœa, or, at the most, it was noticeable only on considerable bodily exertion. As far, then, as the origin of it is concerned we can certainly regard it as nervous, that an abnormal excitation has taken place in the respiratory centre, in what manner it is difficult to say. The decrease of the red corpuscles and of the hæmoglobin is probably not the cause, because no direct relation exists between the dyspnœa and the increase of the colorless elements. There are probably other conditions than a mere lack of oxygen in the blood, which cause irritation of the respiratory centre, most probably some chemical substance which is formed in the blood.—*Wiener Medizin Zeitung*.

(To be continued in our next number.)

Mr. Richard Quain left over three hundred thousand dollars to the University of London.

Selections.

427 We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

ACTION OF STROPHANTHUS.

Prof. Drasche, in a paper which he read before the Imperial Royal Society of Physicians of Vienna, communicated the results of his experiments with the tincture of strophanthus. He had used the strophanthus for three months in the General Hospital, and administered twice a day twenty drops of an alcoholic tincture with an equal quantity of laurel water. After the administration of the drug in this dose (half the maximum dose of Fraser), he observed a constant decrease in the frequency of the pulsations; a few minutes after the administration, there was sometimes a decrease in the number of the pulsations from eight to twelve in the minute; in other cases this effect was not produced till half an hour after the drug had been administered. This slowing of the pulse lasted for some hours. Professor Drasche had tried strophanthus in various febrile diseases, such as pneumonia, typhoid fever, acute phthisis, and so on, and had always observed a retardation of the pulse-beats as well as a slight fall of the temperature, which, however, rapidly rose again. In the case of a woman suffering from nervous palpitations, he gave from 10 to 20 drops daily for three weeks (the number of the pulsations was from 150 to 190 in the minute) without noticing a cumulative effect. The number of pulse-beats, nevertheless, increased until twenty drops were administered twice a day, when the number of the pulsations was diminished by twenty beats, and the action of the heart became quiet. This effect was constant, and in spite of six weeks' administration, no disturbance of digestion occurred. In a case of Basedow's disease with tumultuous action of the heart, he succeeded, by giving 20 drops of the tincture of the seeds of strophanthus, in obtaining a retardation of the pulsations as well as an improvement in the regularity of the pulse. Professor Drasche, moreover, had tried the tincture of strophanthus in thirty cases of failure of the heart with serious dis-

turbance of compensation, and in that case also with a proportionately good effect. The palpitations and the feeling of anxiety very quickly disappeared; the accelerated action of the heart decreased more rapidly than after the use of digitalis or adonis, so that the patients always asked for the strophanthus tincture. Professor Drasche finally also stated that similar experiments had been made with success in Professor von Bamberger's *clinique*: the latter gave from ten to twenty drops daily.—*Brit. Med. Journal*.

A NEW TREATMENT FOR ERYSIPELAS.—Prof. V. Nussbaum has frequently treated erysipelas in the following manner: In case of solution of continuity on an erysipelatous surface, he would first, after carefully disinfecting the wound, cover it with small iodoform gauze compresses; then cover the whole surface, where the erysipelatous inflammation was on the increase, with ichthyol salve, consisting of equal parts of ichthyol and vaseline. This he then covered with salicylated cotton and applied a loose bandage. The following day he found that not only did the erysipelas extend no farther, but the surface already involved had improved in appearance. The pain which had existed the day before upon touching, had entirely disappeared, instead of which a slight numbness of the parts was experienced. In fact, all inflammatory symptoms had disappeared, nor did they return although the application was repeated but three times. A further continuation of the treatment would not have been advisable, as the ichthyol was beginning to affect the skin disagreeably. Nussbaum applied this treatment in five cases of erysipelas of the extremities with surprisingly good results. In cases of facial erysipelas he considers an ichthyol colloidium more applicable, and where the scalp is affected, he advises the use of ichthyol soap, although he has himself not as yet had an opportunity of testing its merit. In regard to the healing properties of ichthyol, it would be well to add that it possesses no antiseptic qualities, and therefore could not destroy the micrococci of erysipelas. Nussbaum supposes on this account that the alternative effect of the agent so reduces the soil of the cocci that it becomes unfit for their further development upon it.—*Weekly Med. Review*.

MEIGS' LISTERIAN LECTURE.—The best Listerian lecture I ever heard was delivered by the late Professor Charles D. Meigs in 1859, when I was a student at the Jefferson Medical College. It was on the conduct of a labor. Preliminary to the lecture the janitor brought in a conspicuous array of soap, water and clean towels. Then followed the Professor, and he was received, as he always was, with hearty applause. First bowing right and left in acknowledgment he pulled off his coat, removed his cuffs, rolled his shirt sleeves up, and soaping his hands and arms above the elbows, washed them, and then rinsed them in clean water, and finally dried them carefully and, taking a bottle of cologne, applied some of it freely to his hands. Then turning to the class he said slowly: "In the conduct of every labor the first essential thing demanded alike by safety and decency is to wash your hands. Wash your hands first! Wash them clean! Wash them always; don't forget it. How are you to tell; how am I to know that my servant who handles my reins hasn't got the gonorrhoea?" Many regarded all that as excessive mannerism and affectation. It was the very best kind of teaching. I have known and heard very many public teachers, some good, some bad, some indifferent, some very few great ones; the greatest of all was Professor Meigs. That typical hand washing has been throughout my professional life a guiding star.—Dr. Ellzey, in *The Journal of the American Medical Association*.

LARGE FEES.—In the recently issued Autobiography of the late Professor S. D. Gross we find the following interesting extract from a letter written to him by the late Dr. J. Marion Sims: "No man in our country, 'solitary and alone,' ever made as much money as I have by my profession, except, perhaps, Dr. H., and yet I am comparatively poor and must work for my daily bread. I am not extravagant, and never gambled. I have lived well and have educated a large family of children, and I have only found out lately that my agent who managed my business for the last fourteen years stole from me not less than \$100,000. To justify myself for remaining abroad let me show you what I have done since I saw you: I went to

Rome January 1, and remained there until April 1. Of course people could not find out I was there until about the middle of February. From that time until the close of March, a period of six weeks, I made 52,000 francs. Since coming to Paris the following items show the work done and soon to be done: April 22, operation, 25,000 francs; April 28, operation, 1,500 francs; April 29, operation, 15,000 francs; April 30, operation, 20,000 francs; May 3, operation, 5,000 francs. Total 65,500 francs. In addition to these I am to operate in the next ten days as follows: First case, 10,000 francs; second case, 10,000 francs; third case, 5,000 francs; fourth case, 15,000 francs. Total, 40,000 francs. This makes the incredible sum of nearly \$22,000, all compressed within about one month; but many of these cases followed me from Italy, and you must not think this an average showing. It is an accidental *blocking*. But if I were to settle down here anywhere in a great, ample centre, I am sure I could make with ease \$50,000 a year; so you will see that my self-expatriation for health is justifiable."—*College and Clinical Record*.

PROFESSIONAL SECRECY.—The sacredness of the confidential relations between physicians and their patients has lately received fresh recognition in Belgium. According to a brief account given of the affair in the *Union Médicale*, a physician was prosecuted and convicted, and the conviction was affirmed at a second trial, for having refused to reveal the mother's name in a birth certificate. What we interpret as a recognition of the inviolability of the confidence given by patients to their medical advisers is the reply made by the Minister of Justice to a question raised by the occurrence in the Chamber of Deputies, to the effect that there was no legal means of compelling a physician to betray his patient's secrets. It is said that the Belgian Society of Medicine has determined to make a thorough study of the whole question, which is one that is continually coming up in one shape or another. It is easy to see how private grief and humiliation may be greatly intensified by the public record of the parentage of an illegitimate child, and we think it is very much to be questioned if the

assumed advantage to the community is great enough to warrant the infliction of such an amount of pain.—*N. Y. Med. Journal*.

A PRINCE OF QUACKS.—The audacity of quack doctors is their chief stock-in-trade. Judging from what a Parisian correspondent states, it is very evident that charlatanism is carried on in Paris in a much more pretentious style than is attempted in this country. Some weeks ago a quack opened a splendid suite of rooms in a building on the Grand Boulevard. He had footmen in plush and pages in livery, distributed handbills by the million, and announced that he had an infallible method of curing hoarseness and diseases of the throat by inhalation. This prince of quacks did not purchase a degree, like many of his compeers, but had himself heralded on bills and in the newspapers as Dr. Pitchitchine, Beloochistan, Member of the Academies. The big, foreign-sounding name, which the doctor had culled at random from an atlas, and the style of his rooms, are said to have produced a great impression on the minds of those unsophisticated people who, despite the enlightenment of the age, still abound, even in the great centres of civilization; and among those was an actress, who sought this pseudo-throat-healer for hoarseness from which she was suffering. The patient, we are told, went to Pitchitchine's magnificent establishment on the Boulevards. The folding doors were thrown open by a gorgeous flunkey, and the great quack was discovered dressed in Oriental garb. The actress's head was first enveloped in a cloud of cashmere, and she was told to inhale the contents of a tube. She did so, and in a moment fainted away, being nearly suffocated. The quack became alarmed, and had to send for a *bona fide* medical man, who revived the victim. The actress went home in a cab, and found that, besides being incapacitated from singing, she was hardly able to speak, and had to cancel her engagement. She has consequently brought an action against the pseudo-native of Beloochistan, who had simply made her inhale a concoction which contained a large quantity of chloroform. Sahib Pitchitchine is also to be proceeded against by the *Parquet* for the illegal practice of medicine, and

for having worn dazzling decorations to which he had no right.—*Brit. Med. Jour.*

ANOTHER TRIBUTE TO BRITISH SURGERY.—Last spring Dr. Bantock, surgeon to the Samaritan Hospital, was invited by the American Gynæcological Society to read a paper at one of its meetings. This invitation was accepted, and not only was the paper read, but Dr. Bantock was called upon to operate at several hospitals in the States, chiefly with a view to illustrate his manner of performing hysterectomy for the removal of uterine fibroids. At Philadelphia, he performed the operation on a patient of Dr. Joseph Price, in a private hospital, and on a young negress, a patient of Dr. Bromall, in the Women's Hospital, where Dr Bantock also removed the appendages for hydrosalpinx. At the Women's Hospital, New York, he performed hysterectomy on a patient of Dr. Hunter, and on another under Dr. Carroll Lee's charge; he further did an exploratory operation in a case of malignant disease at the Bellevue Hospital; lastly, at Chicago, Dr. Bantock did a double ovariectomy at St. Luke's Hospital, and another ovariectomy in private, the cases being under the care of Dr. Dudley. All these operations were performed without antiseptics. When we bear in mind the reception of Sir Joseph Lister at Buda-Pesth, a few years ago, and the yet more practical compliment recently paid to Sir Spencer Wells in Austria, and to Dr. Bantock across the Atlantic, we must feel how strongly the influence of British surgery is felt, and the merits of our surgeons recognized, beyond the dominions of Queen Victoria.—*Brit. Med. Jour.*

PAPAIN IN SYPHILITIC ULCERS OF THE TONGUE.—Mr. Henry Fenwick strongly recommends papaine in syphilitic ulcers of the tongue and throat, especially when mixed with cocaine. The surface of the ulcers and the white patches in secondary syphilis, rapidly clean and begin to skin over. He has used it in lozenges (papaine, $\frac{1}{8}$ gr.; cocaine, $\frac{1}{8}$ gr.; pot. ass. bicarb., $\frac{1}{4}$ gr). He has also used it in the following way: Mix papaine with a small quantity of glycerine and water, so as to form a thin paste; add a little bicarbonate of potash, and brush ulcers with the

same thrice daily. Papaine is coming into use in the treatment of the dyspepsia in infancy and childhood associated with diarrhœa, with stools containing imperfectly digested food. It would seem that Finkler's preparation is best adapted for this purpose.—*Medical Times.*

LACTIC ACID IN CHRONIC PURULENT INFLAMMATION OF THE MIDDLE EAR.—Lange (*Monatsh. f. Ohrenkrkh.*) recommends lactic acid in the above named affection. He commences, as a rule, with a 15 per cent. solution, which is dropped in once daily, or which is applied with cotton pledgets on the diseased mucous membrane. After this treatment has been continued for some days without having caused reactive symptoms, Lange makes use of stronger solutions in those cases in which the mucous membrane is considerably thickened or granulating; he, however, rarely used a stronger solution than 30 per cent. The first symptoms which are noticed after using the lactic acid are decreased secretion and early disappearance of the frequently existing fœtor. Small granulations usually get covered with a white, necrosed scab, and then shrink rapidly. The acid is apparently ineffectual against coarser vegetations. Neither does it seem applicable for acute ear inflammations. More concentrated solutions cause pain, but the latter usually passes off rapidly. Steel instruments are attacked by the lactic acid.—*Therapeutische Monatshefte—Medical Chronicle.*

LAFAYETTE MIXTURE.—A modification of the the mixture of copaiba, liquor potassæ, sweet spirits of nitre, and mucilage of gum arabic, known as the Lafayette mixture, was proposed by Bumstead, and is now generally employed in place of the original:—

R. Copaibæ,
Spirit. ætheris nitrosi, āā. . . f ̄j
Liquor potassæ f ̄ij
Extract. glycyrrhizæ ̄ss.

M. et adde
Ol. gaultheriæ gtt. xvj.
Syrup. acaciæ f ̄vj. M.

DOSE.—A teaspoonful after meals.

—*College and Clinical Record.*

Prof. Woodbury at the Medico-Chirurgical recommends Ferrier's snuff in coryza :

R Morphinae sulphatis gr. v.
 Pulveris acaciae gr. x.
 Bismuthi subnitratidis gr. l. M

For a mild and sure cathartic divide a seidlitz powder into four parts and give one double part every fifteen minutes.—*Coll. and Clin. Record.*

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, NOVEMBER, 1887.

~~W~~ We again furnish our friends with several pages of additional reading matter, and would kindly request them to consult the label on their journals, and send amount of subscription due.

MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

At the commencement of this year few would have supposed it possible that before the expiration of the same a Medical Teaching Faculty of the University of Toronto would be in existence, fully organized in all respects, with an attendance of two hundred and fifty students. Yet such is the fact, and we hope the feeling will be almost universal in the Province that the existence of the new Faculty will be in the interests of higher medical education.

To Professor Ramsay Wright was assigned, by common consent, the honor of delivering the opening lecture, which we are pleased to publish in this issue. The assemblage of guests, who met in the university at the inauguration

of the medical Faculty, was one of the most distinguished and representative that has ever been seen in the convocation hall. A very full report having appeared in the Toronto daily papers, we need not here enter minutely into details. We cannot, however, omit to mention the gratification of the chief promoters of the scheme caused by the presence of so large a number of physicians from different parts of the Province.

The establishment of this Faculty has involved an immense amount of work on the part of its chief promoters. The members of the Senate, the Minister of Education, the President and Professors of the University, and the staff of the Toronto School of Medicine all worked together with a determination to overcome all obstacles and arrange all details in time for the opening of the regular session in due season. Special credit is due to Professor Ramsay Wright and his coadjutors in the university professoriate who rendered such valuable assistance in perfecting a scheme which means for them extra work and increased responsibility without any prospect, so far as we know, of additional remuneration for their services.

Where there were so many willing workers it is hard to particularize, but we cannot refrain from referring especially to the Vice-Chancellor of the University, who was early and late indefatigable in his efforts from the inception of the scheme until its final consummation. Fortunately he continues to take as deep an interest in the routine work of the teaching faculty as he did in its inauguration. In the future history of this faculty, we trust the name of William Mulock will ever be remembered in connection with his invaluable services in adding this strong arm to our national university.

Upon the teaching staff is imposed the responsibility of making the college a success. Its prospects now are bright in every respect. The profession and general public are evidently in sympathy with its aims and efforts. No amount of paraphernalia or complete equipments will attract students without enthusiasm and love of the work on the part of the teachers. We believe these essential qualities do exist in the present staff, and feel confident that the results will show that we are not mistaken.

THE WOMEN'S HOSPITAL, TORONTO.

It affords us a great deal of satisfaction to note the success attending the Hospital for Women under the management of the Sisters of St. John the Divine. This hospital, which is situated on the corner of Euclid Avenue and Robinson St., was established by the Mother Superior of the Order residing in Toronto a little more than a year ago. The idea of starting such an institution was entirely her own, and aided by her efficient staff of sisters, who, we may mention, are all members of this sisterhood, which is an order belonging to the Church of England, she has brought the hospital in a few short months to a degree of excellence which could hardly have been anticipated by the most sanguine.

The building is capable of receiving ten patients for treatment at one time, and of that number of beds at her disposal, three are for the exclusive use of women who cannot afford to pay for maintenance and treatment. The remainder are for patients who are in better circumstances, and the rooms are graded in price according to size and situation. In connection with the hospital is a free dispensary for women, where at a certain hour each day advice and medicine are given gratis.

For the purpose of assisting the ladies in their laudable undertaking to attend the poor in the hospital and dispensary, the Mother Superior has surrounded herself with a consulting and acting staff of physicians. The consultants are Drs. U. Ogden, Temple, Burns, and Johnson. The acting physicians are Drs. Machell, A. Davidson, Cameron, Atherton, and J. F. W. Ross.

One feature possessed by this hospital, which will be readily recognized as important by the profession, is that any registered physician has the privilege of securing admission for suitable patients to the pay wards, and there continue his attendance upon them. The demand for rooms has been so increasingly great that it is determined to erect an hospital which will accommodate at least twenty-five patients at one time; for which purpose an eligible site has been purchased on Major St., a short distance above College St., and we learn that building operations will be commenced at once.

The work done already in the way of surgical operations in this hospital is very creditable; comprising a large number of abdominal sections, uterine, and breast treatments, etc., and the success has been equally great.

We wish a hearty God-speed to the new undertaking, and confidently recommend the institution to the favorable consideration of the profession and the public.

SIR SPENCER WELLS IN VIENNA.

In the *Wiener Med. Blätter* there appears an account of the magnificent banquet which was given to Sir Spencer Wells by the surgeons and gynecologists of Vienna. Other guests present were Prof. Welponer, of Trieste, Prof. Konrad, of Grosswardein, and Prof. Lobmeyer, of Agram. Prof. Breisky sat on the right and Prof. Karl Braun v. Fernwald on the left of the celebrated ovariologist. In reply to the toast of Prof. Breisky, Sir Spencer said: "Nearly thirty-five years ago—in 1853—when I was a young naval surgeon, I passed a few weeks in Vienna. There were giants here in those days—Rokitansky, Skoda, Schuh, Oppolzer, Hebra, Sigmund—I have always valued the many lessons I learned from these great teachers, and have never forgotten their great kindness to me. But if any one had prophesied that I should be received here as I have been to-night—by their successors, by the men I see around me now; men who have not only maintained the reputation of the Old Vienna School, but have advanced it, and continue to advance it—I should have received his prophecy with absolute incredulity. And even now I am almost as much surprised as I am thankful for your most gratifying kindness. During the last few days I have seen operations performed here by some of the surgeons now present, which never would have been thought of in 1853, or if they had been suggested, would have been regarded, if not as the ravings of a lunatic, certainly as the dreams of an enthusiast. And I need not say what pleasure it has given me to be frequently reminded that the influence of modern British surgery—especially in the abdominal and antiseptic surgery, and in gynecology—has been generously acknowledged as a good

and useful influence. And it is equally agreeable to me to recognize that in many directions the men of Vienna are turning *good* into *better*, and are taking a foremost place, among powerful rivals, in the generous race towards perfection, and the struggle of who can do most for the good of mankind.

HOSPITAL FOR SICK CHILDREN.

The plans for a new and complete Hospital for Sick Children have just been finished, and the work is to be begun at once. The old site has been adhered to. The building, having a frontage of 150 feet, will face on College Street, one wing extending down Elizabeth Street 100 feet, and another down Emma Street the same distance.

It is in the Romanesque style of architecture, three stories high, of red brick on Credit Valley stone foundation. While the exterior is solid and comparatively unpretentious, no pains have been spared to make the interior the most convenient, perfect, and complete Children's Hospital on this continent. It will accommodate 120 patients comfortably, and it is expected to cost something like \$75,000.

In addition to the ordinary medical and surgical wards, provision has been made for emergency, ophthalmic and contagious cases, for a few private patients, for a training school for nurses, for a home for nurses out of employment or between engagements, for a mortuary and post mortem room, for a crematory, for a disinfectant room, for a dispensary for out-door patients, and for a neat little chapel for the weekly devotional services of those ladies who give so much of their time, and who have so successfully managed this most necessary public charity.

The plans, prepared by Messrs. Darling & Currie, are a modification of those by a celebrated Glasgow architect—Mr. Jas. Sellers—and which Mr. J. Ross Robertson had prepared for the hospital when in Scotland last winter.

A sanitary convention will be held at Albion, Mich., under the auspices of the State Board of Health, on Tuesday and Wednesday, Dec. 6th and 7th.

OUR MEDICAL SCHOOLS.

Another year has passed, and we are now at a period interesting to our medical students, who form rather a vast army in this healthy country of ours. The public look on with considerable interest, mixed with a certain amount of dread, arising perhaps from the feeling that they will be expected to furnish the ailments upon which these embryo doctors must, in the near future, subsist.

The session of 1887-8 has opened; the freshmen are enrolled, and are acting circumspectly under the wise supervision of the sophomores and seniors. Report says the Schools in Ontario, and McGill, of Montreal, are all full. The prospects for a survival of the race of doctors are excellent so long as there is any pabulum left for them to feed upon.

As far as Toronto is concerned we believe its schools are in a better position to-day than have ever been in the past. The numbers are at least as large as before, and what is of far more importance, we believe the character of the teaching, as a whole, in both schools is the best ever known in their history.

We offer our congratulations to the faculties in the prosperity of these worthy institutions; and extend our usual cordial welcome to the students.

BILLROTH'S OPENING LECTURE.

Billroth, when he appeared in his lecture-room on the 10th of October, after his severe illness, was received in "stormy sympathy" by his students, and in reply to an address from a delegation (*Wiener Med. Blätter*) said: My dear friends—It is exactly twenty years to-day since I first stood here as the successor of Professor Schuh. Rokitansky, Oppolzer, Skoda, Arlt, Dumreicher and others were my colleagues—truly a cultured band! A melancholy poet calls life a funeral march, to which the heart beats time. But it must not be a continual funeral march; it can also be a merry, fresh march which the heart makes joyous. I thank you from a full heart for your courteously kind words. In the darkest days of my illness I took leave of this place and of you, my friends, but fate decided other-

wise. My truly self-sacrificing friends dragged me from the entrance to the Shades, and to-day I am heartily glad to greet you once more. . . . I find no other form in which to express my thanks than to say, so far as my strength permits, I shall work for the weal of suffering man, for the renown of the university, and for the welfare of Austrians. (Loud and long-continued applause.) But while to-day is one so full of joy to me it is also one of mourning. In all hours of happiness I have thought, and still think with thankful heart of my master and teacher, of my fatherly friend, Langenbeck, who always entertained towards me the warmest feelings. His name is written in the history of surgery in golden letters. . . . After this, Billroth sat down and delivered an address on the life and works of Langenbeck.

THE WOMAN'S MEDICAL COLLEGE.

The Woman's Medical College participates in the increasing renown of Toronto as a centre of education. The large number of new students has made it incumbent upon the Faculty to make such alterations in the building as to give two lecture rooms, thus increasing the teaching facilities and materially adding to the comfort and convenience of both teachers and students.

The students met at the President's house and organized a Clinical Society, to meet on alternate Friday nights for the purpose of the reading of clinical reports and discussions thereon. The members of the society are enthusiastic in the pursuit of knowledge, and have taken the best means of attaining their ends.

SIR JAMES GRANT.

A complimentary dinner was given to Sir James Grant at the St. James' Club, Montreal, by the Medical Faculty of McGill University, on the evening of Monday, October 3rd, in recognition of the honor of knighthood recently conferred on him by Her Majesty.

The medical practitioners of the city of Ottawa and district gave him a banquet in the Russell House on the evening of October 13th. Dr. Sweetland, who occupied the chair, read a

very flattering congratulatory address on behalf of the profession of Ottawa. Sir James, in his reply, returned his warmest thanks for the honor shown him by his colleagues. He referred to his work of over a quarter of a century in the city of Ottawa, and many of the pleasant features of his association with his professional brethren.

The banquet was a marked success in every respect, and expressions of good will and kindly feeling towards the distinguished Knight, from those who have known him longest and best, must have been highly gratifying to him. That Sir James may live long to enjoy the many honors he has won is, we feel assured, the earnest wish of his numerous friends in all parts of the Dominion.

UNIVERSITY COLLEGE CONVO- CATION.

It was generally remarked by those in attendance at the last College Convocation, that the conduct of the students was very objectionable. Those present would not as a rule object to a little fun, or an occasional *snatch* of a college song, but such rudeness as interrupting the speakers, or firing "darts" so promiscuously as to annoy the ladies in the audience, is simply intolerable, and should be stopped by the authorities of the college if certain students have lost all sense of shame and decency.

It is, fortunately, quite probable that the new order of things will make a vast improvement in the morals and manners of the Arts students. The establishment of a Medical Faculty in the University will, of course, introduce new blood, and it is expected that the refining effect of a more intimate contact with medical students will soon be shown by a thorough renovation of the whole establishment.

THE MEDICAL LIBRARY ASSOCIATION OF ONTARIO.—Prof. Osler, of Philadelphia, has been instrumental in securing from Dr. H. C. Wood, as a donation to the above Association, a large number of valuable works from that gentleman's library, and Dr. Hodge, of Mitchell, also has generously given the entire medical library of the late Dr. Rolph to the same Association.

CLINICAL INSTRUCTION IN THE TORONTO GENERAL HOSPITAL.

Still greater improvements have this year been made in the course of clinical instruction given in the Toronto General Hospital. Some idea of the character and amount of the work done may be obtained from the following schedule:—From 1.30 to 2.30 p.m. the out-door patients are prescribed for in the theatre. The cases of general disease and special cases are allotted to the different rooms set apart for them.

From 2.30 to 3.30 the regular clinical lectures are delivered. These are equally divided between medicine and surgery. The principal part of the course, however, bed-side clinics, are given between 3.30 and 4.30. Four members of the teaching faculties, two physicians and two surgeons, take fifteen students each, and give an hour's instruction at the bed-side of the patients, and in this way sixty students are drilled each day in practical medicine and surgery. A large number of clinical clerks and surgical dressers have been appointed, who, during the forenoon, write up histories of cases, and prepare material for the afternoon clinics. We are not aware that a more thorough course of clinical instruction is given in any hospital on this Continent.

NOTES.

The following statistics will give a fair idea of the growing popularity and the efficiency of the work done in this institution. The total number of patients admitted for the year ending September 30th was 2,477, viz., 1,119 Canadians, 660 English, 390 Irish, 129 Scotch, 89 Americans, and 90 from other countries. The number of patients in the Burnside (lying-in) for the year was 187, and the number in the eye and ear department 224. The mortality is low, only 162 deaths having occurred.

The number of patients admitted during the month of September is the largest yet recorded, being no less than 412.

Two hundred and twenty-five final students have registered for clinical instruction, and one hundred and fifty-two first and second year men have placed their names on the roll.

We also note with pleasure the progressive action of the hospital authorities in their worthy endeavor to make this institution a perfect mine for medical instruction, and while attending to the afflicted they have not failed to cater, when at all feasible, to the aspirations of those eager to ascertain the seat and cause of the *exitus letalis*.

NOTES.

Ivanoff (*Med. Chirurg. Rundschau*) reports a case of sudden death following a blow upon the scrotum.

A mixture of quinine with glycerine is now highly recommended as an injection in gonorrhœa.

To ease pains after burns, Dubois (*Medical Chronicle*) recommends pouring seltzer water over the affected parts.

Baron von Langenbeck, the great Berlin surgeon, died on the 29th of September, in his seventy-seventh year.

Twenty-eight of the passengers on the steamship *Alesia* have succumbed to cholera since the vessel arrived in New York.

He evidently was a lover of all mankind who regretted to announce that Samuel Christen Frederick Hahnemann was born in 1755, and continued his false and downward passage till 1843.

CHANGE IN THE COLOR OF THE HAIR AFTER ERYSIPELAS. — Dr. Manolaki (*Med. Chirurg. Rundschau*) mentions the case of a priest, 70 years of age, with white hair and beard, who lost the entire epidermis in consequence of erysipelas. On his recovery the hair which grew was a perfect black.

Cervix-carcinoma in a virgin nineteen years of age is reported by Eckhardt, of Breslau, (*Med. Chirurg. Rundschau*). The case is one of great rarity, up to the present, but two others have been recorded, one by Glatter and the other by Beigel; the ages of the patients were 17 and 19.

We are always pleased to see extracts from the pages of the PRACTITIONER in contemporary journals, but we certainly think the PRACTITIONER should receive credit for the same, and express the hope that these small courtesies of journalism may not be in the future so fully disregarded.

The Pharmaceutical Era, edited by Dr. A. B. Lyons, and published by D. O. Haynes & Co., Detroit, offers a prize of fifty dollars in gold for the best essay on the subject, "The Mutual Relations of Physician and Pharmacist." Any one may compete. The essay must not exceed 2,000 words in length, and must be sent in before the first of January.

A rare case of death from rupture of the liver is mentioned by Hugo Heinzelmann (*Rundschau*). The patient had recovered from an attack of pluro-pneumonia and pericarditis, and had been out of bed twelve days when he received a slight blow over the region of the liver, which caused its rupture, probably owing to cloudy swelling and fatty degeneration of its tissue, it was eminently friable.

Senger having made a series of experiments on the influence of iodoform on anthrax bacilli, finds that it does not prevent the liquefaction of gelatine, but changes are produced in the bacillary growth, so that their virulency and their infective properties are diminished; and the *Medical Chronicle* thinks that iodoform does not exert an energetic action on these bacteria, but only affects them after some time, and whilst it may exercise an antiseptic power locally, it has no influence on bacilli within the body.

The *Centralblatt für Therapie* states that amylenhydrat is a desirable hypnotic and recommends the following formula:

R Amylenhydrat	7.0
Aqu destill	60.0
Extr. liquir	10.0

Take half of the mixture before retiring.

The *Toronto World* says:—"That London West minister who refused to visit and baptize an infant dying of diphtheria, has mistaken his calling.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, SEPT. 29th.

OVARIAN CYST.

Dr. Temple showed a large multilocular cystic tumour. The remarkable feature of the case was the obscurity in the diagnosis. The patient had been examined by various physicians since the discovery of the presence of the tumour seven months ago, and in no case was the growth supposed to be ovarian. The mass of the tumor lay to the rear of the fundus uteri, so tightly packed into Douglas cul-de-sac as to prevent fluctuation being perceptible through the vagina. Both ovaries were involved—the right chiefly. Several cysts were attached to the fimbriated extremities of the tubes. No antiseptic was used, but great attention was paid to cleanliness, and boiled water was employed for the instruments and dressings. The case did well.

ETIOLOGY OF DIPHTHERIA.

Dr. Ross drew the attention of the Society to a point in the etiology of diphtheria. A case might retain its power to infect others much longer than was generally supposed. Infected children should not be allowed to mingle with others till at least five weeks after all traces of the disease have disappeared. A case had lately come under his notice in which a child had communicated this dread disease to other children, whom it met for the first time a month after its apparent recovery.

Dr. Bryce had also met with several cases bearing out this point.

STATED MEETING, Oct. 6th.

EPITHELIOMA.

Dr. Nevitt presented a woman who, 29 years ago, had received a severe injury to the head from machinery—a portion of the scalp, the size of the palm, having been torn off from behind the right temple. A sore the size of a silver dollar had always remained. During the last three years this had been growing larger; granulations appeared and large nodular swell-

lings behind the ear. A nœvus over the right temple had lately become involved. The patient had sought relief for the intense pain. No dead bone had been seen or detected by the probe. Topical treatment gave no relief. The opinion of the society was asked as to the possibility of the lesion having become epitheliomatous.

Dr. Atherton thought it had the appearance of keloid. The pain was doubtless due to the constant traction on the surrounding skin.

Dr. W. H. B. Aikins inclined to believe it epithelioma.

Dr. Davidson expressed the opinion that, in either case, the treatment of fine parallel incisions, as advised by Dr. Fox, of New York, might be effectual.

STENOCARPINE.

Dr. R. A. Reeve made some interesting remarks about the new local anæsthetic, steno-carpine. (See page 357.)

FRACTURE OF LARYNX.

Dr. Atherton read a paper on a case of probable fracture of the larynx. (This appears on page 355). In the discussion which followed, Dr. McPhedran stated that laceration in the mucous membrane seldom occurs without concomitant fracture of the larynx. A small opening in the membrane would suffice to account for the great emphysema, if there were obstruction above the seat of the fracture.

Dr. Nevitt related a case in which a young lady had twisted her neck in falling. There was sudden severe pain, tenderness down the left side of the larynx, and persistent attempts at swallowing.

CEREBRO-INFANTILE PARALYSIS.

Dr. McPhedran reported a case of cerebro-infantile paralysis. The history had been that of ordinary infantile paralysis. Hemiplegia was complete on the right side. The power to articulate was absent. Sensation was normal—an unusual thing. There was no hereditary tendency. The paralysis is passing away rapidly. Authorities state that in these cases the prognosis for complete recovery is unfavorable.

STATED MEETING, Oct. 13th.

UN-UNITED FRACTURE.

Dr. G. B. Smith showed a case of un-united fracture of both bones in the leg of a child of three years. The lesion had occurred when the boy was six weeks old. He had moved about for a time by means of short co-aptation splints. There was ligamentous union; the bones being much smaller than those of the sound limb, while there was about three inches of shortening.

There was a short discussion as to treatment, and as to the exact cause of the atrophy in both fragments.

SCARLATINO-DIPHTHERIA.

Dr. Graham reported a case of diphtheria in which, on the fifth day, the punctiform rash of scarlatina had developed. The history of diphtheritic infection was clear, while the rash was unmistakable. It appeared first upon the chest and covered the entire body. The throat presented the diffuse redness incident to scarlet fever. He believed this to be a case in which the two diseases were combined. The patient had died.

Drs. Carson and McPhedran had seen similar cases.

CASE IN PRACTICE.

Dr. Hamilton showed a patient, a portion of the side of whose thumb had been split off with an axe, exposing the bone. Although the piece, two inches long, was entirely severed and had remained so for some minutes, union had been secured by first intention, without sutures.

PLASTIC OPERATION.

Dr. Carveth showed a section of the nose, with the cartilage attached, and a photograph of the recovered patient. Excellent results had been secured by skin-grafting and a plastic operation.

Dr. McPhedran then gave the history of

A CASE OF EPILEPSY AND THE POST-MORTEM NOTES.

M. C., aged 76, of good family history. As a boy he was apprenticed to a farmer who used him cruelly, striking him, on one occasion, a severe blow on the vertex. As a young man he displayed more than ordinary ability, and was energetic in his business. Forty-one years

ago, after great exertion at a fire, he had an epileptic fit, and since then fits have recurred with greater or less frequency, being very frequent of late, always one and often several in one day. He always complained of great abdominal pain, sometimes before but usually after the fit, lasting often for an hour or so. The convulsion began on some occasions on one side and on some on the other side, while in many both sides were equally convulsed. The direction of his falling was equally varied, both sides were convulsed usually when he fell on his back. For many years back he has been insane after many of the convulsions, often running into the street in his night-shirt, but never threatening to injure any one. His mental faculties have grown less keen. His health in other respects was good; he took large quantities of food. The bowels were fairly regular, never very constipated. Two days before his death he had a severe convulsion, after which pain in abdomen became severe. Vomiting set in, and became grumous. Abdomen very tender, and temperature slightly elevated.

Post-mortem examination showed skull somewhat thickened, the hemispheres considerably atrophied, and slight increase in cerebro-spinal fluid. The stomach and intestines much dilated, except the lower five feet of the ileum, which was extremely small. Many loops of the small intestines were adherent to each other; two or three were congested, and the adhesions soft, as if of recent occurrence. Along the attachment to the mesentery were many small sacular protuberances of the bowel, as if the mucous coat had been forced through the muscular. The left renal vein was greatly dilated. There was nothing else worthy of note.

No conclusions other than speculative can be drawn from the post-mortem conditions found. The abdominal pain was due, probably, to the adhesive inflammation that occurred from time to time, and, perhaps, bore a causative relation to the epilepsy. The pain may have been due sometimes to colic arising from the impediment offered to the passage of intestinal contents through the contracted portion of the ileum.

D. J. GIBB-WISHART, M. D.,

Secretary.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

TREATMENT OF COMEDONES.

Comedones, or grubs, are the ordinary black specks seen on the face of adolescents, and are due to the retention of sebaceous matter. After I had administered ether to a patient who was greatly affected with comedones, I noticed that they were easily pressed out, due, perhaps, to the solvent properties of ether on these greasy concretions. I resolved to give the ether treatment a fair trial. I used the following on several cases with gratifying results:

R. Æther sulphuris..... \bar{z} i.

Ammonial carbonatis..... \bar{z} i.

Acidi boraci.....grs. xx.

Aquæ ad. \bar{z} ii.

Sig.—Apply twice a day. The carbonate of ammonia with the grease forms a soap. The boracic acid acts as an antiseptic and the ether as a solvent.

Yours, etc.,

J. H. McCASEY, M.D.

CONCORDIA, Kansas.

Book Notices.

Monatlicher Anzeiger über novitäten und Naturwissenschaft. JOSEF SAFAR. Wien. viii. Schlüssel Gasse 24.

Katalog des Antiquarischen Bucherlagers, von Josef Safar. Medicinesche Buchhandlung, Wien. viii. Schlüssel Gasse 24. Price, 1fl.

Pathology. Diagnosis and Treatment of Perforation of the Appendix Vermiformis. By J. McF. GASTON, M.D. (Reprint).

Surgical Relations of the Ileo-Cæcal Region. By J. McF. GUSTON, M.D., of Atlanta, Ga. (Reprint).

Announcement of American Public Health Association, 1887. Fifteenth Annual Meeting, Memphis, Tenn., to be held Nov. 8th, 9th, 10th and 11th.

On the Necessity for a Modification of Certain Physiological Doctrines regarding the Interrelation of Nerve and Muscle. By T. W. POOLE, M.D., Lindsay.

The Radical Cure of Retro-Displacements of the Uterus and Procerentia by Alexander's Operative and Median Colporrhaphy. By J. H. KELLOGG, M.D., Battle Creek, Mich. (Reprint).

Ovarian Tumors, and Remarks on Abdominal Surgery, with the result of 50 cases. By EDWARD BORCK, A.M., M.D., St. Louis, Mo. 1887. (Reprint).

The Action and Uses of Digitalis and its substitutes, with special reference to Strophanthus. By T. R. FRASER, M.D., F.R.S., F.R.C.P. Edin. (Reprint from *British Medical*).

Hay Fever. The First Prize Essay of the United States Hay Fever Association for 1887. By SETH S. BISHOP, M.D. Chicago: (Reprint.)

On the Treatment of Felon without Incision. By L. DUNCAN BULKLEY, A.M., M.D., Attending Physician to the New York Skin and Cancer Hospital. (Reprint.)

A Practical Treatise on the Diseases of the Hair and Scalp. By GEORGE THOMAS JACKSON, M.D., Instructor in Dermatology in the New York Polyclinic. New York: E. B. Treat, 771 Broadway, 1887. Price \$2.75.

Transactions of the American Otological Society. Twentieth Annual Meeting. Pequot House, New London, Conn. Vol. IV., Part I. Published by the Society. New Bedford, Mass., 1887.

Forty-fifth Report of the Legislature of Massachusetts, relating to the Registry and Returns of Births, Marriages and Deaths, in the Commonwealth, for the year ending Dec. 31st, 1886. Editorial remarks by S. W. Abbott, M.D., Boston, 1887.

Insanity; its Classification, Diagnosis, and Treatment. A Manual for Students and Practitioners of Medicine. By E. C. SPITZKA, M.D., President of the New York Neurological Society, etc., etc. New York: E. B. Treat, 771 Broadway, 1887. Price, \$2.75.

Outlines for the Management of Diet. By EDWARD TUNIS BRUEN, M.D. Philadelphia: J. B. Lippincott & Co.

This manual should be of use to nurses and to practitioners. In the management of the sick there is nothing of which there is such

universal ignorance as the *why* of any given diet.

The principles underlying diet are outlined, and applied concisely yet lucidly to special diseases. Price, \$1.25.

The Physician's Visiting List. Thirty-seventh year, 1851-1888, with many improvements. Philadelphia: P. Blakiston, Son & Co., publishers, 1012 Walnut St. Toronto: Williamson & Co., 5 King St. West.

This admirable visiting list has had many admirers in the last thirty-six years, and this year some new features of attraction have been added. The contents are well arranged, and its size and weight recommend it. Its binding is strong, with gilt edges. For 1,300 names, interleaved, with tucks, pocket and pencil, price \$1.25. Buy one!

Lessons in Gynecology. By WILLIAM GOODELL, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania. Third edition, with one hundred and twelve illustrations. Philadelphia: D. G. Brinton.

There is probably no more charming clinical teacher of Gynecology than Dr. Goodell, of Philadelphia. The author disclaims the idea that this is a complete treatise on the diseases of women; but states that it is mainly the outcome of clinical and didactic lectures delivered to his students for many years. This edition contains much new matter which will be found in the various chapters, and six new lessons with twenty additional illustrations. No more interesting book on Gynecology has ever been written, and it is as useful as it is interesting.

Illustrated London News (American Edition). Potter Building, New York.

An examination of the *Illustrated London News* (American reprint) for October 22nd, will show the English view of the trial yacht race, illustrations in connection with the state of Ireland, Our Homeless Poor in St. James Park at Mid Day, the British Mission to Morocco, and Sketches on the River Congo. A Sleeping Beauty represents a handsome tiger at rest, while Christening Sunday represents infancy surrounded by admirers. The price of the number being only ten cents places it within the reach of all. Every newsdealer has it. The

office of publication is in the Potter Building, New York City. It makes a capital illustrated newspaper for the table of the physician's waiting room.

Practical Urine Testing. A guide to office and bedside urine analysis. By CHARLES GODWIN JENNINGS, M.D., Professor of Chemistry and of Diseases of Children, Detroit College of Medicine, etc. Detroit: D. O. Haynes & Co., 1887.

As stated in the preface, it is the aim of this little volume (124 pages) to give concise directions for office and bedside testing, embodying as it does all the latest advances that have proved to be of value. Particular attention has been given to the qualitative and quantitative tests, which from their cleanliness and ease of application, and the simplicity of apparatus required, commend themselves to the practising physician. The book is divided into two parts, the first being devoted to a brief consideration of the chemistry of the urine in health and disease, and the second presents a systematic scheme for urine analysis and microscopical examination.

A Manual of the Physical Diagnosis of Thoracic Diseases. By E. DARWIN HUDSON, JR., A.M., M.D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price, \$1.50. New York: William Wood & Co.

This work is an enlarged edition of a previous book entitled "Essentials of the Physical Diagnosis of Thoracic Diseases," which Dr. Hudson published for the use of the Class on Diagnosis. The present volume is about the right size for a work of its kind. It is convenient, can easily be referred to, and is in every way quite up to the time. Dr. Hudson was a careful, painstaking physician, and it is greatly to be regretted that he did not live to enjoy the brilliant success which he certainly would have achieved. The synopses of the various diseases of the thoracic viscera, which are given in the latter part of the book, are of especial value. A great number of facts are tabulated in such a concise manner that one can at a glance refresh his memory about the

principal features of the diseases dealt with. We can confidently recommend the work both to the student and practitioner.

A Handbook of General and Operative Gynecology. By DR. A. HEGAR, of the University of Freiburg, and DR. R. KATTENBACH, of the University of Giessen. Volume II. New York: William Wood & Co.

This is volume seven of *Wood's Cyclopædia of Obstetrics and Gynecology*, issued monthly during 1887 (12 Vol., Price \$16.50). It describes the operations in the Fallopian Tubes, Uterus, Broad Ligaments, Round Ligaments and Vagina, Urinary Fistulæ, Vulva and Perineum.

We have also volume IX., which treats of *Diseases of the Female Mammary Glands*, by Th. Billroth, M.D., Professor of Surgery at Royal University, Vienna; and *New Growths of the Uterus*, by A. Gusserow, Professor of Obstetrics and Gynecology at the University of Berlin.

An examination of these volumes more than confirms the high opinions we had already formed, and expressed in previous issues of our Journal, respecting this great Cyclopædia. It well exemplifies the privileges the profession now enjoy, both in a scientific and economic point of view, when Messrs. Wood & Co. can publish such a valuable series in so short a time, at such a price as one dollar and thirty-seven and a half cents a volume.

The Pathology and Treatment of Gonorrhœa and Spermatorrhœa. By J. L. MILTON, Senior Surgeon, St. John's Hospital for Diseases of the Skin, London. New York: William Wood & Co.,

This is a work on an important subject, which should be carefully read by every practitioner who has aught to do with the treatment of venereal troubles. The English authors in general are slow to accept the germ theory of disease, and Milton is no exception. We are somewhat surprised in this case, however, because it has been so abundantly proven that neisser's gonococci are always present in gonorrhœa. On page 48, he says: "Tested by the result of practice, the theory breaks down as antiseptics have no particular control over

the disease." He is surely mistaken in this point, for even cleanliness is *antiseptis*. On page 74, he speaks of the hydrarg per. chlor. injection as one that must be shunned on account of its strong and *irritating qualities*: here is the secret—do not prescribe strong and irritating injections, for the weaker are efficient. Nor can we agree with the author in one other point, namely, that the nitrate of silver is the *only* treatment for gonorrhœa, from its most simple to its most complicated form. However, the work is a careful and elaborate production, and, as a book of reference, will be most useful.

Personal.

Drs. J. S. King and Elliott have dissolved partnership.

Dr. Sweetnam is now in Philadelphia attending Goodell's clinic.

Dr. Thistle, having returned from England, will practise on Broadview Avenue.

Dr. F. Beemer has been appointed resident physician to the Hamilton Hospital.

Dr. Olmstead, late of the hospital in Hamilton, has taken a position in the German Hospital, Philadelphia.

Dr. W. P. Manton has opened a Private Home for the treatment of medical and surgical diseases of women, at 543 Second Ave., Detroit.

Dr. Stevenson, of Strathroy, having spent a year in the medical clinics of New York, has removed to this city, and entered into partnership with Dr. Burns, College Avenue.

Miscellaneous.

MR. WILLIAM NYE says that although not belonging to the Knickerbocker family he was on one occasion so deeply incensed that his breath came in short pants.—*Medical Age*.

BROMO-SODA.—During my voyage on the steamer Arizona I cured at least twenty-five cases of sea-sickness by giving Warner & Co's. preparation of "Bromo-Soda" in large doses. I heartily commend it, as from personal experience it afforded great relief when other remedies failed.—W. C. DEANE, M.D., 727 Lexington Avenue, N. Y.

THE DOCTOR'S IRONING-BOARD.—A writer in the *Boston Transcript* says: "In a good old western Massachusetts town lives a doctor who has buried four wives. When number four was a bride of a few days she went with her oldest step daughter into the attic to find an ironing-board. Seeing a board that she thought would answer her purpose nicely, she was about to take it, when the daughter exclaimed: 'Oh, don't take that, for that is what father uses to lay out his wives on!'"—*N. Y. Med. Journal*.

Births, Marriages, and Deaths.

BIRTH.

BATES—At Burlington, October 17th, the wife of Frank D. W. Bates, M.D., of Hamilton, of a son.

MARRIAGE.

WISHART—GUNTHER—On the 4th August, at Charles Street Presbyterian Church, by the Rev. D. Wishart, of Madoc, assisted by the Rev. J. Neil, Dr. D. J. Gibb Wishart, to Sarah Staunton, eldest daughter of E. Gunther, Esq., Bellevue, Toronto.

WYLD-WYLD—At the house of his father, 529 Sherbourne St., Toronto, by the Rev. Hugh Johnston, M.A., B.D., on the 7th Oct., George Wyld, M.D., of Port Elgin, to Norah Pauline, eldest daughter of J. W. Verner, Esq., of Windsor, and widow of the late James Wyld, formerly of Detroit.

APPELBE-LAND—On Wednesday, the 12th Oct., at St. Peter's Church, Carlton St., by the Ven. Archdeacon Boddy, Dr. Appelbe, of Parry Sound, to Mary E. Land, of Toronto.

HAY-OGDEN—At Arbor Vitæ, the residence of the bride's father, on Wednesday, Oct. 12th, by the Rev. B. Longley, M.A., assisted by Rev. T. W. Jeffery, Stephen Moffatt Hay, M.D., C.M., L.S.A., London, Eng., to Carrie, daughter of Dr. W. W. Ogden, Prof. of Medical Jurisprudence, Toronto University.

BELL-BROWN—At the residence of the bride's father, "Hillside," Eglinton, by the Rev. C. E. Freeman, of Deer Park Presbyterian Church, J. F. Bell, M.B., L.R.C.P. Lond., of Toronto, to Jessie, eldest daughter of Alex. Brown, Esq.

DEATHS.

CLARKE—Dr. Clarke, formerly of Palmerston, who has been a resident of Guelph for about a year, on Oct. 7th, aged 74.

HOWARD—At his residence, 96 University St., Montreal, on October 12th, Henry Howard, M.D., M.R.C.S. London, Eng., in the 72nd year of his age.

THE CANADIAN PRACTITIONER


FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, DECEMBER, 1887.

Original Communications.

PRIMARY TUBERCULOSIS OF THE LARYNX.

BY G. R. McDONAGH, M.D.,

Instructor in Laryngology at Toronto University.

(Read at the Meeting of Ontario Medical Association.)

My desire to direct your attention to the subject of tuberculosis of the larynx arises, not so much from the importance of this affection, *per se*, as from its importance as a means of leading us to an early diagnosis of pulmonary phthisis. It shall, therefore, be my object to present the subject to you as much as possible in its relation to pulmonary phthisis—from a diagnostic point of view—by pointing out first, that tuberculosis may occur primarily in the larynx (in which case it is probably always followed at no distant date by the lung affection); and secondly, that in a large percentage of cases the disease exists, and may be recognized in the larynx, when it has not advanced beyond its earliest stages in the lung. The importance of this is obvious, because it is only when we take tuberculosis in the early stages that we can hope to bring about a cure by therapeutic treatment or residence in a suitable climate. We are, perhaps, in a position to discuss the subject to better advantage to-day than we were a few years ago, because within that time the researches with the microscope, and the discovery of bacillus peculiar to tubercle, have afforded an aid to diagnosis which

enables us to recognize tuberculous disease in the larynx with certainty, at a much earlier period than we formerly could have done. It is, to a great extent, by this means also that we are, in my opinion, in a position to prove the fact that tuberculous disease may attack the larynx primarily, and before any other organ of the body has become affected. Pulmonary tuberculosis is certainly a very common cause of the laryngeal disease, and indeed, it is not too much to say that one rarely finds a normal larynx in a phthisical patient, although the changes may be so slight as not to interfere with its functions. A very few statistics will show you the frequency of laryngeal phthisis. The *post mortem* examinations of Willigk and Heinze show that about 30 per cent. of patients who died from pulmonary phthisis had also the disease in the larynx, and this proportion refers only to cases in which there was destructive disease in the larynx, and excludes, therefore, the paralysis, pareses, anæmia, etc. Mackenzie found in 100 cases of pulmonary phthisis, which he examined from the London Hospital, changes in the larynx in 71 cases, and of these 71 cases there were ulceration and infiltration in 33 cases; and Schäffer found out of 310 only eight cases where the larynx had not some form of disease. Although it is nowhere disputed that in the majority of cases the disease in the lung is prior to that in the larynx, yet I find among the authors considerable difference of opinion as to whether the disease may first of all affect the larynx. Whilst Trousseau, Rhüle, Neidert,

Schech, and others, believe that the larynx may be primarily affected, we have Türk, Louis, Ziemssen, Mackenzie, and others, holding the opposite opinion.

The difficulty in the way of settling the dispute, is the impossibility of proving at a very early stage, by a physical examination, the existence of small deposits of tubercle centrally located in the lung, and, therefore, although we may be able to recognize tuberculous ulceration in the larynx, when, at the same time, we cannot by the stethoscope, or by any other means at our disposal, detect its presence in the lung, we also are unable to prove its absence. Such a case occurred in my practice last January, and is of interest in this connection. I give a brief history: the patient, a man, aged 33 years, presented himself to me complaining of hoarseness. He first noticed this symptom in July of last year, when he was in otherwise perfectly good health. He was in New York at the time, and between July and November was examined by Prof. Loomis, Dr. Delafield, and others in that city. He informed me that these physicians told him that he had slight ulceration of the larynx, but that he had not consumption. He said they seemed to be quite certain on that point; that the lungs were free from disease. When I examined him in January, I found ulceration of both true vocal cords, and also of the inter-arytænoid mucous membrane. There was no increase in size of the arytænoid cartilages, nor was the epiglottis changed from its normal appearance. I examined the lungs very carefully, but could detect no signs of consolidation. The patient did not complain either of shortness of breath, or of weakness, and he was only six pounds less than his heaviest weight; his appetite and digestion also were good. Further, his family history showed no hereditary tendency, and there was no account of syphilis. I was suspicious, however, about the appearance of the vocal cords, and decided to employ that other aid to diagnosis, the microscope. With this object, I passed a dry sterilized camel's hair brush over the ulcerated cords, and the secretion brought away with it was stained and placed under the microscope for me, through the kindness of Dr. W. H. B. Aikins, and was thus

shewn to contain an abundance of tubercle bacilli. This I considered was positive proof of the nature of the ulceration. I treated this patient for a few weeks with daily local applications of lactic acid and iodoform, and although there was certainly some improvement in the case, I did not continue it longer, because, wishing to avoid the unfavorable weather of March and April, I recommended a change of residence to southern California. I also taught him to use a spray very successfully himself, and advised inhalations of *ol. pini sylvestris* and balsam of Peru. It is true I am unable to say positively that the lungs were free from tuberculous deposits at this time, but I think there is every reason to believe the disease existed first in the larynx. *However, be that as it may the point I would impress upon you in this case is, that a correct diagnosis of this patient's disease could be made by an examination of his larynx earlier than by any physical examination of his lungs.*

Such cases as the above occur not unfrequently. Dr. Neidert, of Baden Baden, has reported a most interesting case of a similar nature, and which was, in his opinion, clearly one of primary tuberculous laryngitis.

It has been contended, however, that the question whether the larynx affection may precede that in the lung, can be decided only by autopsy; and as death does not occur from phthisis of the larynx alone, it is only when by chance death has been caused by some other disease or by accident, and the *post-mortem* examination reveals a tuberculous larynx, the lungs at the same time remaining free, that we really have positive proof. With this fact in view, it was with considerable pleasure that I had the opportunity of examining a larynx, and hearing the report of an autopsy made by Dr. Aikins in the Toronto General Hospital last winter. The examination was made last February on the body of a patient aged 27 years, who had died the day before in the hospital. In the history of the case there was no special reference to throat trouble, beyond the statement that there had been hoarseness for some time before death. The cause of death was shown clearly to be chronic Bright's disease, from which the patient had suffered for a long

time. The lungs were carefully examined. There was found some hypostatic congestion posteriorly, and a slight degree of emphysema, but absolutely no sign of tuberculous infiltration. The larynx, which was the seat of disease, was removed for closer examination. There was found to be marked superficial ulceration of the entire extent of both true vocal cords, and of the interarytænoid mucous membrane, also tmefaction of the arytenoid cartilages, in fact, the characteristic picture of laryngeal phthisis. In order to be quite certain of the nature of the affection in this case, it was thought well to examine the discharge from the ulcerated surfaces with the microscope. Accordingly some of the matter was removed to a cover glass, and stained in the usual manner, when it was found to contain an abundance of tubercle bacilli, which demonstrated to a certainty the true pathological nature of the disease. This case I consider to be one of very great importance, because it proves the possibility of the larynx becoming affected in advance of the lung, and when once this point is granted, there is no reason to doubt the fact that it often so occurs. If, then, we can recognize tuberculosis at this early stage of its existence, while indeed it is restricted to the larynx, it is not unreasonable to suppose that by appropriate measures we may prevent its extension to the lung. And I believe it is possible, by examining the secretions with the microscope, to recognize tuberculosis at this stage. However, the point of greatest practical importance to us is, not so much whether the disease may be primary in the larynx, but the fact that it may often be recognized there very early in the course of a case of phthisis, before, indeed, it can be recognized by a stethoscopical examination; and this, numberless instances could be brought to prove. Now that the bacterial origin of phthisis is almost universally admitted, and also that in most cases the bacteria enter the system by means of the air which we breathe, it is not unreasonable to suppose that these germs may find a lodgment on the mucous membrane of the larynx, a slight erosion or roughness of the epithelial layer affording a suitable locality for further development. Louis advanced the theory that the larynx disease was caused by the decomposing secre-

tions of cavities in the lung being coughed up and arrested in the larynx. This theory was strongly supported, especially after the discovery of Koch's tubercle bacillus, by Klebs and others, who believed that the contents of the cavities, which are rich in bacilli, being retained on the mucous membrane, and especially in the pouches of Morgagni, produced disease by contact, either only of those parts predisposed to it through their anatomical relations, or affected the whole mucous surface with deeper changes. Against this theory, however, we have the fact that in many cases of phthisis we find extensive cavities in the lung without any laryngeal disease, and *vice versa*, advanced ulceration in the larynx before any cavities have been formed in the lung. Another argument against Kleb's theory was advanced by Heinze, who pointed out that the anatomical changes in larynx tuberculosis begin not on the surface of the mucous membrane, but in the subepithelial layer. Our present belief, however, of the mode of penetration of the bacilli into the tissue is that they enter at some existing erosion of the mucous membrane, there develop themselves further and give rise to the changes, without the epithelial covering in the meantime having been drawn into the process.

In conclusion, gentlemen, the points to which I wish to ask your attention are:—

1. That general tuberculosis may begin in the larynx.

2. That in a large percentage of cases it is present in the larynx at a very early stage, at least of pulmonary phthisis.

3. That in either of these cases we may be pretty certain at no distant date to have the lungs seriously implicated.

4. That it is often possible to diagnose a case of phthisis by the larynx affection earlier than by a physical examination of the lungs.

5. That in cases of ulceration of the larynx, it is advisable to remove the secretions in some way, as with a brush or cotton swab, and have the same examined with the microscope.

6. That the advantage we gain from the points which I have endeavored to prove, consists in the benefits of the early treatment which we are thereby enabled to afford the

patient, either by a course of therapeutic remedies, or from what, in my opinion, is still better, namely, an early residence in a favorable climate.

THE NUTRITIOUS VALUE OF PEPTONES.

BY A. B. MACALLUM, B.A.,

Lecturer on Physiology, Toronto University.

In 1882 Von Ott showed that frog's hearts which become fatigued and cease beating, when washed out and fed with physiological salt solution, again commence to beat energetically when fed with solutions of gastric peptones, which have been for a short time in contact with the living gastric or intestinal mucosa. Such solutions resemble in this respect serum, and they were further found to contain principally serum-albumen, the resulting conclusion being that the living gastric or intestinal mucosa has the power of changing peptones into serum-albumen. Von Ott also found that peptones which had not been subjected to contact with the living mucous membrane were incapable of nourishing the isolated heart of the frog. Kronecker and Popoff have recently (*Verhandlungen der Berliner Physiologischen Gesellschaft*) established the correctness of Von Ott's observations, and have extended their researches to peptones obtained by digestion of proteids with artificially prepared pancreatic juice. They find that while peptones obtained from the action of gastric juice are built up again to serum-albumen by contact, for a few minutes even, with the living gastric or intestinal mucosa, pancreatic peptones are not so reconstructed by the mucosa of any part of the digestive tract, and that they are wholly incapable of nourishing the frog's heart.

Kronecker and Brinck have further experimented in the same line, testing also the nutritious value for the frog's heart of solutions of peptones in which cultures of bacteria were made. Some of their observations confirm those outlined in the above paragraph, but they also show that pancreatic peptones have no nutritious value whatever when fed alone to animals. Many species of living cells have the power of building up gastric peptones anew into serum-

albumen, and the observers call attention to one form particularly which possesses this property in a remarkable degree, and which has therefore been termed *Bacillus restituens*. The solutions of artificially prepared gastric peptones which contain cultures of this organism have a full nutrient effect on the frog's heart, and they resemble, in chemical properties, solutions of serum-albumen. Pure solutions of the latter are apparently not favorable to the growth of the bacillus. In contrast with the reconstructive powers of *B. restituens*, pathogenic bacteria degenerate and disintegrate peptones with the production of bodies having excessively toxic qualities.

If these researches are confirmed by other observers, a change in opinion must occur as to the nutrient value of many of our commercial peptones. Many of the latter are made with artificially prepared pancreatic juice, as the peptones so obtained are more palatable, and therefore preferred in prescriptions, while the gastric peptones are said to be somewhat bitter and disagreeable. If the pancreatic peptones have no nutrient value, it is obvious that their administration to invalids is useless unless for other purposes than nutrition. These researches point out, also, the value of experiments and studies on non-pathogenic bacteria, which are to a great extent neglected in bacteriological laboratories.

NOTHNAGEL AND NAUNYN ON CEREBRAL LOCALIZATION.

BY PROF. R. RAMSAY WRIGHT, M.A.,

Professor of Biology, Toronto University.

At the opening meeting of the Students' Medical Society of Toronto University, which took place Nov. 11, Prof. R. Ramsay Wright addressed the members on a recent report by Professors Nothnagel and Naunyn, discussing the results of lesions of particular areas of the cerebral cortex. He introduced the subject with an account of the topography of the brain, illustrated by projected photographs, on which he afterwards marked out the sites of lesions referred to in the report. A model was also employed, indicating the course of the optic nerve fibres to the occipital lobe.

One of the most important results arrived at by Nothnagel is the localization of hemianopsia in the cuneus and first occipital convolution.

He believes that the reception of visual impressions is entirely confined to these convolutions; that therefore the second and third occipital convolutions as well as the lingual and fusiform lobules may be involved in a lesion without producing hemianopsia (unless, indeed, it should extend to the white matter of the cuneus), and reminds us that in such cases where a lesion has been detected in the cuneus or O^1 without apparent hemianopsia, the latter condition, when of no great extent, has to be sought for perimetrically.

On the other hand, he locates psychical blindness in the rest of the occipital lobe, and remarks that it is always double-sided, even where there is only one lesion. He is inclined to suspect that physiological variability is associated with the well-known anatomical variability of the occipital lobe.

Nothnagel's results as to motor centres agree with those of Ferrier, arrived at by stimulation of the cortex. They are situated in the central convolutions (ascending frontal and ascending parietal) and the paracentral lobule: a lesion of the latter may paralyze both extremities, while the leg only is involved in the upper part of the central convolutions, the arm in the middle, and the face, lips and tongue in the lower part. Judging from monoplegias, the result of small circumscribed cortical lesions, he is inclined to think that the motor centres are absolutely confined to these areas, and that no other part of the cortex can be functionally substituted for them. The fact that motor paralysis of any group of muscles may occur without involving the muscular sense, and conversely that the latter may be affected in the absence of the former, led Nothnagel to endeavor to locate the muscular sense. This he has succeeded in doing in the parietal lobe, explaining that although lesions of the parietal cortex have been reported without any recorded loss of the muscular sense, yet the latter may be easily overlooked by the physician if not specially sought for. He calls attention to the fact, that the parietal lobe bears very much the same relation to the central and paracentral convolutions as does Broca's convolution to the cortical hypoglossal area.

Much more doubt still prevails as to the possibility of locating general sensation in parti-

cular parts of the cortex. Some hypæsthesia is generally associated with cortical motor paralysis, but there is no definite relation between the extent of the latter and of the former; indeed there may be hyperæsthesia and formication. This negative result may, however, be stated; lesions of the occipital and temporal, and of the greater part of the frontal lobes, do not appear to interfere with common sensation.

Pathology, according to Nothnagel, has little to say as to cortical lesions of the vaso-motor nerves, and as little about the results of lesions in the anterior part of the frontal lobes.

Professor Naunyn, of Königsberg, undertook the report on the localization of aphasia. He confirms the localization of motor or ataxic aphasia in Broca's convolution (posterior part of the 3rd frontal), but does not regard it as the most commonly occurring form. Of the sensory aphasias, attributable to the loss of memory for vocal and written signs (word-deafness and word-blindness), he locates the former with Wernicke in the posterior two-thirds of the superior temporo-sphenoidal convolution, and the latter in the angular gyrus where it passes into the occipital lobe (thus very near the centre for vision before referred to). In cases of aphasia not distinctly referable to one or other of the three categories named above, Naunyn found that either the island of Reil or the supramarginal gyrus were involved, an indirect affection of Broca's or Wernicke's centres (which are respectively contiguous to these areas) being thus indicated.

Nothnagel's report concludes with a discussion as to the nature of localization, and he arrives at the conclusion that the "centres" are meeting-places through which the efferent impulses (constituting a volition, *e.g.*) wherever generated, must pass before they reach the fibres of the internal capsule, and through which the afferent impulses must similarly pass before distribution to the rest of the cortex. He does not exclude the possibility of other functions beyond transference being ascribable to these limited areas, but regards the whole of the cortex as the seat of the higher conscious psychical processes. Finally he thinks the results hitherto obtained as to the wonderful mechanism of the cerebral cortex, are such as to stimulate further

research, and counsels the anatomist, physiologist, and pathologist, to work eagerly together towards the solution of the many interesting problems which still present themselves.

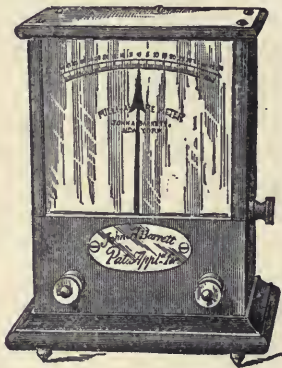
RECENT ADVANCES IN ELECTROTHERAPEUTICS.

BY A. M. ROSEBRUGH, M.D., TORONTO,

Surgeon to Eye and Ear Dispensary.

(Read before the Toronto Medical Society, November 3rd, 1887.)

I desire to call your attention this evening to some new apparatus recently devised for regulating, controlling and registering the voltaic current when used in medicine or surgery. These are: 1st, the milli-ampère meter or galvanometer; 2nd, a new rheostat; and 3rd, a new form of electrode. As the apparatus is here to speak for itself, any lengthened description on my part will be unnecessary.



VERTICAL MILLI-AMPERE METER (BARRETT'S) FOR INDICATING STRENGTH OF CURRENT.

The scale is graduated in milli-amperes, and ranges from 0 to 50 milli-amperes direct reading, and, by moving a switch, which multiplies by 10, from 0 to 500 milli-amperes.

1. The introduction of the milli-ampère meter marks a new era in electro-therapy. It has produced a true therapeutic revolution by substituting mathematical precision for the vagueness of empiricism. What is the milli-ampère meter? The milli-ampère meter is a modification of the galvanometer, and indicates, firstly, the presence of the galvanic current; secondly, its direction; and thirdly, the strength of said current. The value of the electrical unit was definitely fixed by the International Congress of Electricians which met in Paris in 1881,

the ampère being adopted as the unit of current. In the new galvanometer the scale is divided so as to indicate the thousandth part of an ampère, hence the instrument is called a milli-ampère meter. This instrument having been accepted by the profession as the standard for measuring current strength, "it becomes to the electric current what the *gramme* is to weight, the *second* to time, and the *metre* to length."

According to the law of Ohm, we obtain the strength of a voltaic current by dividing the electro-motive force of the battery-cell by the resistance of the circuit. Now if, in the case of a given cell, the electro-motive force is exactly one volt, and the resistance of the circuit exactly one ohm, the strength of the current is exactly one ampère. This is the unit of current-strength. One volt divided by one ohm equals one unit or one ampère. Currents of this strength, *i.e.*, one ampère, may possibly be used in electrolysis, but as this is very exceptional, the true electro-therapeutic unit may be said to be one milli-ampère.* Thus:

$$\frac{1 \text{ volt}}{1 \text{ ohm}} = \left\{ \begin{array}{l} 1 \text{ ampère or } 1000 \text{ milli-ampères.} \end{array} \right.$$

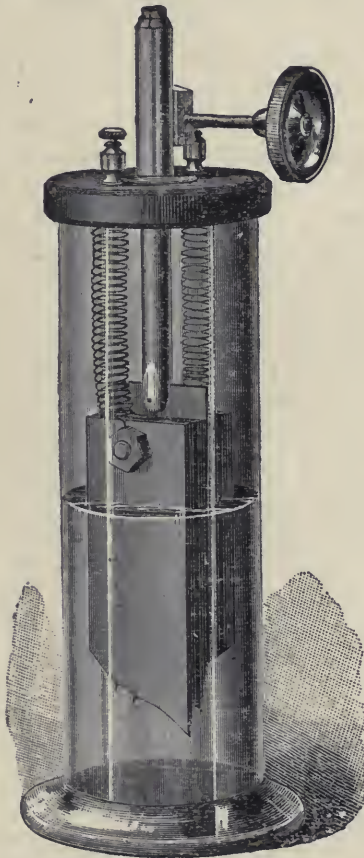
$$\frac{1 \text{ volt}}{1000 \text{ ohms}} = \left\{ \begin{array}{l} 1/1000 \text{ ampère—(.001)—} \\ \text{or } 1 \text{ milli-ampère.} \end{array} \right.$$

2. The rheostat (or instrument for regulating current-strength), now coming into general use, is the water-rheostat. The function of the rheostat is twofold: namely, firstly, it enables the operator to increase or diminish the strength of the current gradually, and without causing any shock to the patient; and, secondly, when the rheostat and milli-ampère meter are used, there is no necessity for using a commutator or current selector, and moreover, when the rheostat is used the risk of breaking the circuit abruptly is reduced to a minimum.

To illustrate my meaning, I will take an example. In one of the public institutions which I visited in New York recently, there was a battery of 60 cells placed in a closet adjoining

* When this becomes generally understood, it will be correct to say of the current strength "10 or 15 units" instead of "10 or 15 milliamperes."

the consulting room. From this battery of 60 cells a cable containing 61 wires was conducted to a very complicated and formidable-looking switch-board erected at one side of the room. On this switch-board was a double commutator, so arranged that, to those initiated into the mysteries of certain plugs and switches, either one cell or any number of cells up to 60 might



THE BAILEY RHEOSTAT OR CURRENT REGULATOR.

This new rheostat supplants the commutator or switch-board. It imposes equal work upon all the cells of the battery.

be brought into the circuit as desired. Now, by the use of the rheostat and the milli-ampère meter all this paraphernalia may be dispensed with, when only two wires from the battery will be required, the one being connected with the positive and the other with the negative pole of said battery,—the strength of the current being regulated wholly by the rheostat, that is, by interposing an artificial resistance into the circuit, which may be increased or dimin-

ished at pleasure. The new rheostat which is here exhibited, was devised by Mr. H. L. Bailey, an American electrician. Two large wedge-shaped plates of carbon are insulated from each other, and made to dip into a tall glass jar containing water. To each of the inferior pointed ends of carbon is attached a pyramidal-shaped piece of sponge. When immersing the sponges, or when withdrawing them, a very small column of water with very high resistance connects the two carbon plates through the water into which the sponges dip. When the plates are fully immersed, there is no artificial resistance or obstruction to the flow of the current, but when the plates are withdrawn from the water the resistance is so great that we may say that practically no current flows through the circuit.* By this ingenious arrangement any desired resistance from zero to infinity (or a few ohms to millions of ohms) may be gradually interposed or removed from the circuit at pleasure. This is a feature attained by no other instrument. The rheostats now in use do not interpose a resistance of more than about 500 ohms, which is much less than the resistance of the body; hence, when these instruments are used, a commutator is also used to prevent a shock to the nervous system when the current is applied or removed.

3. In the means and methods of applying the electric current, improvement has been made in two directions: firstly, by increasing the size of the electrodes; and, secondly, by making the electrodes so that they may be more accurately adapted to the surface. For instance, in applying the galvanic current to the head, instead of using an electrode only one or two inches in diameter, a concave electrode is used large enough to cover the whole of the upper part of the head, while the other electrode, called the "indifferent electrode," also large, is placed either on the sternum or on the spine. By this means, strong currents can be applied with greater safety and less discomfort than formerly. Again, in passing strong currents through the uterus, as for instance in the Apostoli-treatment of fibroids, the abdominal or indifferent elect-

* The resistance of the body varies from 1,000 ohms to 5,000 ohms according to the moisture of the skin and the part of the body operated upon.

rode is very large, and is constructed with a view to adapting itself accurately to the unevenness of the surface. The large electrode distributes the current over a large surface, and permits the passage of very strong currents without pain or vesication, and moreover so reduces the resistance of the circuit that currents may be used of a strength far beyond any current-strength attainable with ordinary electrodes. The abdominal electrode now on the table is one devised by Dr. Martin, of Chicago. It is a metal disc about nine inches in diameter, concavo-convex, and covered with animal parchment. The space between the concavity of the metal and the parchment is filled with a solution of salt.

This communication will perhaps be less incomplete if it includes some reference to the batteries now in use. For stationary or cabinet batteries there are two forms of cells in use: viz., the gravity or telegraph battery, and the Leclanché or telephone transmitter battery. Of these the Leclanché is to be preferred, as there is no local action in the cell when the battery is not in use, and it is moreover much more cleanly than the gravity or Daniel cell (of which it is a modification).

The stationary batteries are placed in a closet or in the cellar, from which wires are conveyed to the consulting room. The cells of the cabinet battery are placed in a cabinet or office desk, on top of which stands the milli-ampère meter, rheostat, &c.

Among the portable batteries are the following: namely,—1. The small Leclanché cell; 2. The chloride of silver cell; and 3. The zinc-carbon cell; one of each being now on the table for your inspection. All these batteries are in use for ordinary electro-therapeutic purposes, and, so far as the electric current is concerned, one battery answers the purpose as well as another. There is this difference, however: the gravity cell and the chloride of silver cell have a comparatively low electro-motive force, and when either of these batteries is used it is necessary to use a larger number of cells than when either the Leclanché or zinc-carbon batteries are used. The electro-motive force of the gravity and the silver cell is about 1 volt per cell, that of the Leclanché about $1\frac{1}{2}$, and that of

the zinc-carbon about $1\frac{3}{4}$ volts. Hence, if, in a given case, we require an electro-motive force of say 30 volts, 17 cells of the zinc-carbon battery would be used, 20 cells of the Leclanché, and 30 cells of the gravity or of the chloride of silver battery would be used. Large cells will maintain their strength longer than small cells, but the electro-motive force is no greater. That is, if we take two cells of the same kind, say a large Leclanché, such as is used with the telephone transmitter, and a small Leclanché, such as is used in portable batteries, the electro-motive force of the latter is exactly the same as that of the former, and, while it lasts, is quite as efficient.

When, however, the battery is for electrolytic purposes, the case is very different; in this case we require a battery with large cells, or, what is practically the same thing, a battery with low internal resistance. Either the zinc-carbon or the large Leclanché cells may be used for this purpose. The zinc-carbon battery has the advantage of being portable, and moreover it maintains its strength much longer than the Leclanché; nor does it become polarized when in use as readily as the latter. This may be demonstrated in the following manner:—Connect a large Leclanché cell with a faradic coil, the vibrator will act vigorously possibly for five minutes, when its strength will be perceptibly weakened, and in about ten minutes it will fail to operate the vibrator. Whereas a small zinc-carbon cell will operate the vibrator for several hours. When unusually strong currents are required, as, for instance, from 250 to 1,000 milli-amperes, this is the battery I would use, although I believe that, in treating uterine fibroids Apostoli uses large Leclanché cells.

There are several forms of portable zinc-carbon batteries in the market. They all belong to the variety known as the "plunge battery," the plates being immersed or plunged in the exciting solution to set the battery in action. My preference is in favour of a recent modification of the McIntosh battery. It is simple in construction, easily managed, and does not readily get out of order. This is the battery, *par excellence*, for electrolysis and may be used for all other purposes as well. For purely

neurological work the Leclenché or the chloride of silver battery is rather more convenient.

Having thus briefly described the new electro-therapeutic apparatus, I will conclude with a few words regarding the dosage of electricity, and I do not know that I can introduce the subject better than by referring to cases now under treatment.

CASE 1. Torticollis. Dr. Oldright's patient, a girl aged 8 years. Electrical treatment: central galvanization, galvanization of contracted muscles and faradization of the weak antagonistic muscles. From 5 or 6 milli-amperes are applied to each cervical sympathetic, 8 or 10 to the head, and 10 to 12 to the nape of the neck—with the positive pole—the negative being applied by means of a large electrode to the sternum; 10 or 12 milliampères are passed through the upper part of the spine and about the same strength of current is passed through the contracted muscles. The application to each part lasts about three minutes. The current is gradually increased from zero to the maximum and as gradually decreased, by means of the rheostat, very great care being taken that there shall be no interruption to the current, especially when at the maximum. In galvanizing the cervical sympathetic nerves it is usual to make the application by means of a narrow electrode pressed against the spine in front of the sterno-mastoid muscle. In the case of a child I prefer using the ends of the fingers of one hand, the other hand being made to grasp the sponge electrode connected with the positive pole of the battery, and the current passed through my own body. In this case an assistant works the rheostat, while I watch the milli-ampère meter.

CASE 2. Hemiplegia. Dr. Burns' patient. In this case the patient has nearly recovered from paralysis of the left side, leaving, however, secondary contraction of the flexors of the arm and forearm. The electrical treatment is the galvanic current to the flexors and the faradic current to the extensors. From 15 to 20 milli-amperes are applied continuously to each set of contracted muscles, for about five minutes at a time, three times a week.

CASE 3. Sciatica. The same patient has sciatica on the right side. Treatment: 25 milli-

ampères for five minutes; positive pole on sacrum and negative on popliteal space. In chronic cases, 30 or 40 milli-amperes may be used, and it may be repeated twice a day.

CASE 4. Locomotor Ataxia. Dr. Mewburn's patient. The electrical treatment is the application of the galvanic current to the spine and the faradic current by means of the dry electric brush to the back and limbs; 15 milli-amperes are applied to the spine for five minutes every second day, and the electric brush (faradic current) is applied at home daily.

CASE 5. Opacities in Vitreous. Patient of Dr. Fisher, Warton. Electrical treatment: 8 milli-amperes daily for five minutes, the positive electrode being applied to the eye and the negative applied to either the hand or the cheek.

CASE 6. Parenchymatous Inflammation of Cornea. Electrical treatment: 10 or 12 milli-amperes for ten minutes with negative pole, the positive being applied to either the cheek or the well wetted hand.

CASE 7. Atrophy of optic nerves. A young woman. Electrical treatment: 6 milli-amperes for five minutes to each eye (positive pole), with the negative pole to either the nape of the neck or the hand.

In the report of these seven cases I have given the electrical treatment only. It is to be understood, of course, that this was not the only treatment. With the exception of the case of sciatica, the electrical treatment was an adjunct only to other treatment. The cases are reported here simply with the object stated, namely, to give some idea of the dosage of electricity. I may add that, whatever battery is used, I put the entire number of cells in circuit (usually about 30), and I modify the strength of the current by the rheostat.

My arrangement is as follows: The rheophore or insulated wire attached to the positive sponge-electrode, is connected with the first plate (carbon) or positive pole of the battery. The negative rheophore is connected with the milliamperemeter; this latter is connected with the rheostat, and this in turn is connected with the last plate (zinc) or negative pole of the battery. The circuit is then made up as follows: namely, from the positive pole of the battery through the rheophore and sponge-electrode to

the body, and from the body through the negative sponge-electrode and rheophore to the milli-ampere-meter, from the latter to the rheostat, and from the rheostat to the negative pole of the battery. The apparatus need not necessarily be connected up in this order however; and it is of no consequence whether the current traverses the rheostat before or after passing through the part of the body to be operated upon. Great care is taken to make all the connections firm, so that there shall be no accidental break in the circuit while the patient is being operated upon.

RISE AND PROGRESS OF MEDICINE.

BY W. H. MOORHOUSE, M.D., LONDON.

(Abstract of Address delivered at the opening of the Western University Medical College, Opening of Session, 1886-87.)

In order to get a comprehensive view of the subject, it is necessary to divide it into three divisions, viz.: (1) From the earliest authentic records, down to the decline of Roman literature; (2) That period commonly called the middle or dark ages; (3) That period commencing with the establishment of inductive philosophy and revival of letters until the present time.

From occasional remarks we find in the Mosaic writings respecting the learning of the Egyptian priests, it would appear that it consisted in a great measure of the employment of magical incantations, and, so far, therefore, as effecting a cure, must have acted through the medium of the imagination. This appears to have been the first step in all cases of the art of medicine, if it may be so-called, and its efficacy must have been in exact proportion to the ignorance and superstition of the people upon whom it was exercised. The priesthood both of Egypt and Assyria, which are the most ancient nations of whom we have any authentic account, appear to have been the sole depositaries of all the learning of the times, and of medicine among the rest.

By the most competent authorities we are informed, that Egypt was the country in which the art of medicine, as well as the other arts of civilized life, were first cultivated with any de-

gree of success. It is altogether probable that the priests of the Egyptians were at the same time their physicians. This appears also to have been the case with the Jews and Greeks, who are supposed to have borrowed from the Egyptians many of their institutions.

In the Mosaic writings there are various allusions to the practice of medicine among the Hebrews, and more particularly with respect to leprosy. Greece appears to have been the first nation that brought medicine to approach anything like an art. Chiron, the Centaur, a Thessalian prince, who lived about the 13th century (B.C.), was particularly celebrated for his skill in music and medicine.

Æsculapius, the pupil of Chiron, has by the common consent of antiquity, been considered the first man who devoted himself to medicine as a science, and made it a distinct object of pursuit. The improvements which he made were so considerable as to induce his countrymen to pay him divine honors after his death, to designate him as the god of physic, to erect temples to him in various parts of Greece, and to derive his origin from Apollo himself. His profession, according to the custom of the age, was transmitted to his sons, and their descendants obtained the name of Æsclepiades, and were the priests of his temples and presided over his rites and ceremonies. We find now several centuries elapsing, during which the practice of medicine and surgery remained solely in the hands of the priesthood, and under their control was nearly stationary, from the fact that the order of priesthood was hereditary, descending from father to son. Although this mode of transmission may have had its advantages, yet it in a great degree prevented that keen, wholesome competition which we find prevailing generally in the fields of science and research, and which is so necessary for their proper development and advancement.

It was during the 6th century (B.C.) that the genuine principles of philosophy first made their appearance in Greece, and among the other topics which then became the subject of investigation, the powers and functions of the human body were examined with considerable attention. This led to an enquiry into the nature and cause of disease, and to the means of

their removal. The celebrated Pythagoras was one of the first and most eminent of this class respecting whom we have any accurate information. We are informed that they dissected the bodies of the lower animals, and thus acquired some knowledge of anatomy. His disciples, unlike the priesthood, visited the sick at their own homes.

In various ways medicine had already made sensible progress, when Hippocrates was born in the island of Cos, 460 (B.C.). He collected the scattered knowledge of his time, and added to it by his own genius and observation. Indeed it may be confidently affirmed that the science is more indebted to his genius and ability than to that of any single individual, hence all ages have justly consented to style him the "father of medicine." He raised medicine from a system of superstitious rites to the dignity of a learned profession.

Soon after the death of Hippocrates, the two great rival schools of medicine were founded, viz.: the Dogmatists or Hippocratean school, and the Empirics. These great rival schools have continued to flourish and divide the medical world even to the present century.

About 300 years (B.C.) the Alexandrian school was founded through the munificence of the Ptolemies, and here we find Erasistratus and Herophilus making the first dissections of the human body. This gave a great impetus to the progress of the medical science. The founding of the Alexandrian library at a time when books were rare and expensive, together with the authorization of human dissections, also being the great highway of commerce, and under the powerful and personal support of the Ptolemies, all contributed to make this city the most brilliant seat of learning for many centuries, during which time its school continued to produce a series of learned men, not only in medicine but in the other sciences, which tended to prevent the decline of knowledge endangered through the decay of Grecian literature.

Among the most eminent of those who practised medicine at Rome, was Galen, a name equally as familiar to modern ears, as those of Hippocrates and Æsculapius. Galen was born at Pergamos, A.D. 130. For more than twelve centuries his authority reigned supreme in the

schools. Even facts were disputed if they were against the authority of Galen.

From the time of Galen medicine began to participate in the decline which had already overtaken art and literature. Hospitals and dispensaries owe their origin to Christianity. The first hospital was founded at Cæsarea, by St. Paula towards the end of the fourteenth century.

Archiaters, or chief physicians, were permanently established under Antoninus Pius, in order to oversee and look after the poor of each city, which they were to treat free of charge. They were also expected to examine and license all who undertook the practice of medicine. They were usually elected by the physicians. This is the first instance in history of the licensing of physicians. The order of Archiaters still exists in Denmark and Sweden.

In the seventh century, Alexandria with its celebrated library was destroyed by the Arabians, and thus perished its schools of learning. Yet among the general wreck of these ruthless invaders there were not wanting a number of individuals who managed to save, as well as to fully estimate, the value of a few copies of the most eminent authors, notably Hippocrates and Galen.

Now while the western empire had sunk into barbarism, and the eastern, sadly limited, was struggling for existence, medical science found refuge among the Arabians.

The Saracenic schools of medicine flourished from the eighth to the twelfth century.

From the twelfth to the fifteenth century, a period of three centuries, which has justly been termed the dark ages, the whole world appears to have been enveloped in the deepest gloom, every department of science was neglected, and among others medicine fell into the lowest state of degradation. Those who practised medicine were said to be in league with the evil one. Invalids resorted to witchcraft, sorcery and astrology, also divinations and incantations of various kinds.

The school of Salerno was founded about the time of the destruction of the Alexandrian library by the Saracens, and reached its height from the tenth to the thirteenth century. The "Regimen Sanitatis Salerni," the dietetic pre-

cepts of the school of Salerno, composed by John of Milan, for the use of Robert, Duke of Normandy, the son of William the Conqueror, who came here to be healed of a wound contracted in the holy wars; has been frequently republished, translated by Prof. Ordronnaux, N.Y., 1872.

In the early part of the thirteenth century, Frederick II. published an edict that no one should practise medicine in the Kingdom of Naples, until he had been examined by the faculty of Salerno. The candidate, after completing his course of studies, was examined on the Therapeutics of Galen, the first book of Avicenna and the Aphorisms of Hippocrates. He afterwards swore to be pure in his life, to be submissive to the laws, to attend the poor gratuitously, and not to share the profits of the apothecary. He then received a diploma, but for the first year was compelled to practise under the superintendence of an older physician.

In the year 1315, Mondino, a Professor in the University of Bo'ogna, dissected two human bodies, and afterwards published an anatomical description of the body, with plates engraved on wood, which, for the next 300 years, was used as a text-book in the Italian universities.

About the same time with Mondino, flourished Gilbert, surnamed Anglicanus, a writer who must be considered as peculiarly interesting to us, from his being the earliest English physician, whose name is sufficiently celebrated to entitle him to a place in the history of medicine.

Alchemy now flourished in Europe. Roger Bacon was born in Somersetshire in the year 1214. He was a man several centuries in advance of his time, and has been classed among the alchemists, and during his researches in alchemy made many wonderful discoveries.

Thomas Linacre, an English physician, born at Canterbury, 1460, founded the Royal College of Physicians, London, and was its President during life. This organization of the medical faculty first gave educated physicians rank above quacks and pretenders. Linacre also established professorships at Oxford and Cambridge for illustrating Hippocrates and Galen.

Physicians in the middle ages being invariably priests, whom a canon in the church forbids to shed blood, surgical operations commonly fell

into the hands of an inferior and ignorant class of barber surgeons, who frequently were itinerants. But surgery was now about to receive a great impulse from Ambrose Paré, who commenced his career as a barber surgeon. At that period wounds received from firearms were considered poisonous, and it was customary on that account to cauterize their track with boiling oil. In 1536, on one occasion, while serving as surgeon with the French army at Provence, Paré's supply of oil failed him. He could not sleep for anxiety, but in the morning he found that those who had not been cauterized were doing far better than those who had, and this soon led to a revolution in practice.

Later on, we have John Hunter, justly styled the "Father of English surgery," born in Lanarkshire 1728, the son of a farmer. At 20 years of age he entered his brother William's dissecting room, in London, where he applied himself with such assiduity that he made immense strides in the study of anatomy, physiology, and comparative anatomy. In 1773 he commenced his first regular course of lectures in surgery.

But to go back to medicine. In the fifteenth century we hear for the first time of whooping cough, scurvy, and the sweating sickness.

In 1628, William Harvey, after having taught for about ten years the circulation of the blood in his lectures, published his doctrine to the world; it made rapid progress, and was universally adopted during the lifetime of its discoverer.

In 1661, Malpighi, by the aid of the microscope, showed the course of the globules of the blood in the smaller vessels. The true theory of respiration soon followed the discovery of circulation. The ancients taught that the minute bronchial tubes inosculated with the pulmonary veins, and that the air thus found its way into the heart. In 1661 Malpighi demonstrated the vesicular substance of the lungs, and about the same time Borelli and others showed the mechanism by which respiration is accomplished.

About this time, in Italy, we have Alfonso Borelli, a profound mathematician, publishing his work, "De Motu Animalium," in which he originates the "Iatro Mathematical School,"

where he wishes to reduce the actions of the living body to the laws which govern inert matter, the whole body being regarded as a machine, and the laws of mechanics, of hydrostatics and hydraulics rigidly applied to it. As an instance, Borelli calculated that the heart, at each contraction, overcame a weight of 180,000 lbs.

Boerhave, Professor of Medicine at Leyden, a man of great talent and immense learning, was an ardent follower of the mathematical school. Succeeding Boerhave, we have the great Haller, who has not inaptly been called the "father of modern physiology." He was the pupil of Boerhave, and imbibed from him his thirst for knowledge, his correct judgment, his undeviating candor, his unblemished integrity, and, in short, all the intellectual qualities of his great master. He wrote a work called the "Elements of Physiology," and thus gave the world the first practical work on that subject. Contemporary with Haller, we have Cullen, the eminent Scotch writer. Since the revival of letters, no one has risen to greater eminence during his lifetime, nor has left behind him a higher reputation than this celebrated individual. He employed the greater part of a long life in the study and teaching of medicine, principally in Edinburgh, which he contributed in no small degree to raise to the rank, which it long held, of the first medical school in Europe.

We will now briefly consider some of the great and brilliant advancements of the present century:

1. Preventive medicine or sanitary science, which, during the present century, has made great advances.

2. By increased attention paid to microscopy, the processes of repair, and that of inflammation, and other morbid processes have been investigated.

3. The discovery of new modes of detecting disease; for example, auscultation and percussion of the chest, discovered by Laemace; also that by Bright, of disease of the kidney, which bears his name; the application of the thermometer in fevers; the sphygmograph in arterial tensions; also electricity in determining various forms of paralysis; the ophthalmoscope in

diseases of the eye and brain; the laryngoscope in laryngeal affections; many other appliances of like nature I might name.

4. The discovery and application of anæsthetics, first publicly made known Oct. 16th, 1846. This discovery is one of the most brilliant in all the annals of medicine, working a mighty revolution in surgery; also serving as a valuable means of diagnosis. Well may the poor sufferer, racked and tortured with pain, call for heaven's choicest blessing upon the head of him who gave the world this boon.

5. The discovery and introduction of new and valuable remedies; also the new application of older remedies. Notably among these we find, the phosphates, hypophosphites, bromides, iodides, iodine, cod liver oil, coca and its alkaloid cocaine, eucalyptus and eucalyptol, cascara, chloral, aconite, jaborandi, salicylic acid, carbolic acid.

6. The effect of the various drugs upon the living organism has been most carefully and accurately observed through the increased attention paid to *comparative physiology*, coupled with experiments upon the lower animals.

7. Etiology and pathology of disease have been most carefully studied, so that drugs are applied to the alleviation and cure of disease in a more rational manner.

8. The many improvements and discoveries introduced for the treatment of disease, especially of a surgical character, viz.: (a) The antiseptic treatment of wounds and surgical operations, thus contributing, along with anæsthetics, largely to *conservative surgery*, by which many injured members of the body have been spared to the owner; (b) the hypodermic mode of administering medicine; (c) the use of electricity, especially the galvanic and interrupted currents; also the galvanic cautery.

In conclusion, allow me to quote the words of one of England's statesmen, as follows: "He considered that medicine during the present century had made great advances in the field of science, and if it continue at its present rate of progress, at the close of the century it will have far outstripped all other branches of science."

Dr. Aschenbach states that salol taken internally relieves his sciatica better than any other remedy.

Selected Communications.

DYSPNŒA IN LEUCŒMIA.

CLINIC BY PROFESSOR VON BAMBERGER,
Professor of Medicine in the Vienna University.

(Translated for the CANADIAN PRACTITIONER.)

Concluded from last issue.

We are aware, from chemical examinations which have been made of the blood in leucæmia, that there exist in it many substances which are abnormal, as acetic acid, lactic acid, leucin and various other substances, which are formed for the most part in the spleen. All these collect and increase in the blood, and it is very probable that one or other of them, or a combination of some of them, cause abnormal excitation of the respiratory centre in the brain. This would also explain, partially, how it is that the dyspnœa in leucæmia is not in all cases proportionate to the degree of increase of the colorless elements. It is possible that under certain circumstances these abnormal substances form and increase in the blood, but are again excreted by the kidneys and the skin, and such is their volatile nature, perhaps by the respiratory organs also. If then, in some cases, they accumulate in the blood and are not eliminated by the excretory organs, one can suppose that through the abnormal excitation they may lead to severe forms of dyspnœa.

Among other symptoms which are very frequent in leucæmia, sometimes occurring in the earlier stages, is the tendency to hemorrhages. Bleeding from the nose and gums and more rarely from the urinary and sexual organs occur, and in women profuse menstrual discharges. In some of our patients this tendency shows itself in the form of petechiæ in the skin, the formation of papules which develop into pustules, and around about these pustules small hemorrhages take place and appear in some places as small hemorrhagic sloughs. There exists besides a peculiar, hard, firm infiltration of the skin. This is very probably not so much an œdema as an exudation of fluid containing blood elements, because in certain places, as for instance around about the left knee joint, one often observes a greenish transparency, such as is seen in blood extravasation at a certain

depth. The œdema further stands in no relation to albuminuria and can not be explained in this way. We find this hydræmic œdema particularly when the blood has become impoverished of its solid constituents, the number of the red corpuscles having sunk to half, and the fluids in the circulation being in a proportionate degree increased lead on to serous transudation. It is remarkable also that there is no appreciable transudation into the serous cavities, neither into the peritoneal cavity, the pleuræ, nor the pericardium.

Further we learn from the history that the patient has repeatedly suffered in the beginning of his illness from fever. This is, indeed, a very frequent symptom in leucæmia, and remarkable inasmuch as it occurs without known cause. In most of the leucæmia cases which we have had opportunity of observing in later years, there were occasional increases of temperature to between 38° and somewhat over 39° C. The temperature does not as a rule go very high, but sometimes lasts for days at a time, and is repeated quite irregularly. What the origin of the fever is, is not with certainty known; probably the conditions are analogous to those which I have referred to as causing the dyspnœa, namely, an irritation of the heat-centre in the brain, produced by the abnormal change-products which have accumulated in the system.

With regard to the prognosis there is not much to be said, because we know that an advanced case of leucæmia is almost absolutely certain to terminate fatally. As for the etiology our patient is left in the same forlorn condition as in many other affections, now and then one can prove a connection with some preceding illness, relatively most certainly with expiring intermittent fever. Here and there cases occur in which, as a result of intermittent fever, an enlargement of the spleen remains behind, and develops a leucæmic degeneration of the blood. It is more frequent, however, that the splenic enlargement exists for years, or even decades, without producing any abnormal change in the condition of the blood. The connection which is said to exist between leucæmia and preceding typhus, puerperal processes and similar affections, is much less certain. Occasionally,

perhaps, one or another such affection has preceded the leucæmia, but it is so seldom, that one cannot prove anything from it. External circumstances also appear to have no influence. We find leucæmia in individuals in the best as well as in the worst conditions in life; the bodily constitution, also, appears to have just as little influence; for we not infrequently find leucæmic patients among strong, robust individuals. One can at least say that some connection is demonstrable in certain cases with intermittent fever; but with the other affections, as syphilis, typhus, etc., this is in a high degree doubtful. In our patients, then, we are unable to demonstrate absolutely any certain cause for the disease; it may have already existed a long time when the patient for the first time remarks that, without reason, he has palpitation and shortness of breath after any considerable bodily exertion, and attacks of fever without apparent cause. Other symptoms then gradually appear; his appearance becomes wretched, he suffers from weakness and is ill nourished. Pains in various parts appear and œdematous infiltration of the skin, especially about the knee-joint. Whether there is anything abnormal present in the joints is difficult to say; possibly an effusion has taken place into the knee joints; and then occur hæmorrhages and petechial formations in the skin. So far as is known there is no heredity.

The treatment of leucæmia must be entirely symptomatic. Although many remedies have been tried, a specific has not yet been found. In certain cases the early and continued administration of quinine has had good results. Mosler has described one or two cases in which the symptoms have disappeared after early treatment by quinine, but whether they were cases following intermittent fever I cannot just at this moment remember with certainty; but if the disease is developed and the enlargement of the spleen considerable, quinine may be given for months, and in large doses, without producing any change in the blood or in the spleen. As for other remedies, the iron preparations have been given on general principles, also the iodine preparations, the mineral waters of Halle and Kreuznach, etc.; the preparations of arsenic, counter-irritation, moxas, setons, and

so on, everything indeed that one can mention, with very little temporary symptomatic benefit. Extirpation of the spleen has been performed, but all the cases in which this has been attempted have died from profuse hemorrhage. It is impossible to ligate all the small vessels; and owing to the great tendency in leucæmia to bleeding, death has usually resulted immediately from profuse hemorrhage into the peritoneal cavity. This operation has now been completely given up, because it has absolutely nothing rational in its favor; for even if it were possible successfully to extirpate the spleen, nothing could be gained by it because the spleen is not the only place of origin of the white blood corpuscles and, therefore, the production of these latter would go on in spite of the removal of the spleen. The results of the operation have heretofore been so unfavorable as to preclude all thought of it. Our efforts therefore are restricted to relieving symptoms. We administer preparations of iron, and for the alleviation of the grave dyspnoea, as it is of purely nervous origin, we give those medicines which influence the nervous system: as morphia, opium, chloral-hydrat, and such like. The diet should be regulated and an abundance of albuminous substances allowed.—*Wiener Medizin Zeitung*.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

GASTRIC SYPHILIS AND SYPHILITIC GASTRIC ULCER.

BY DR. L. GALLIARD.

Almost all the visceral localisations of syphilis have been carefully studied in these modern times. We are familiar with tertiary lesions of the throat, pharynx and rectum; even intestinal syphilis has been described, and yet nowhere do we find mention of the possibility of development of specific lesions in the stomach, which anomaly forcibly arrested the attention of Dr. Galliard, who undertook to investigate (*Archives Generales de Medicine*, Jan. 1885, p. 86) if the various records would not permit of the

conclusion that gastric lesions of syphilitic origin existed.

In the first group of facts he reports incontestable examples of gastropathies treated successfully by mercury and iodine, after having resisted all other medications; it is true that the cure having been complete, there was no autopsy, and, consequently, one could not come to an absolute conclusion; but do we not now make diagnoses of cerebral syphilis, relying solely upon the results obtained by the employment of specific treatment? In a second group of facts, the author places hypertrophies of the stomach and the ulcerations that Virchow, Leudet and Lancereaux regard as syphilitic. There are for him, as in the cases of Fauvel and Capozzi, which he cites, anatomical facts demonstrable that one can only entitle "Gastric Lesions in Syphilitics."

Among positive anatomical facts, Dr. Galliard mentions the only two cases of gummata of the stomach (to be credited to Klebs and to Cornil) that are known up to this date. He makes the remark that these gummata when healed, would leave cicatrices which would probably differ very little from those which remain from other gastric ulcers non-syphilitic in character; hence when we find them at an autopsy of subjects clearly syphilitic, can we say whether or no the lesions are specific. Finally, in autopsies of subjects affected with syphilis there have been found ulcers in a state of activity, in every way resembling simple round perforating ulcers. In these latter cases we can understand without difficulty, that one can hardly decide in a positive manner as to the clearly syphilitic nature of such a lesion. One can merely always ask oneself if syphilis has not determined the primitive initial erosion which would then develop in a manner quite special, owing to the particular conditions of the situation in which it occurred. In effect, as M. Galliard so aptly remarks, syphilis can create lesions which precede the simple ulcer, and among them must be specially noted gastric catarrh and syphilitic arteritis.

There are so many gastric lesions with symptoms of simple ulcers that resist appropriate diet and medication, that it would be a real progress if one could cause them to disappear

by specific treatment. The future will tell us how much truth lies in this view still rather theoretical. In every case the practitioner henceforth will be in the right to think of the possibility of syphilitic influences over the gastric mucous membrane, and to try the mixed treatment when he meets with obstinate symptoms in patients acknowledging syphilitic antecedents.—*Jour. de Med. de Paris, Archives Generales de Medicine.*

MICROBES OF PUS AND SEPTICÆMIA.—Doyen draws the following conclusions from the study of numerous cases of suppuration and septicæmia: The pus of acute abscesses always contains one of the four pyogenic microbes of Rosembach. These microbes may penetrate the tissues at the same time and produce suppuration, which may contain one or two species of microbes simultaneously. The penetration of the microbes into the tissues always precedes the appearance of the general and local phenomena. If an abscess is incised at the beginning before a true collection of pus has occurred, there is always found microbes in the blood, in the plastic lymph and in the section of the inflamed tissue where the initiated cells undergo proliferation. The centre of the focus becomes softened, the cells are brought in contact with the microbes and constitute globules of pus. The process is absolutely the same in cold abscesses. In fetid abscesses are found in addition the bacteria of putrefaction and others. The streptococcus and staphylococcus pyogenus are found in acute suppurations and septicæmia, these have been verified in sections and by cultures, and have been invariably found in the viscera in septicæmia, sometimes accompanied by other species, but always in smaller numbers. He finds that the liver and kidney especially thin in all these microbes, which if they be numerous and the liver or kidney diseased, are retained to the great danger of the organism. These notions extend to the entire range of infective diseases, and give a rational explanation to many clinical facts, and especially to the growth of open wounds in general conditions of wretchedness such as are all characterized by certain lesions of the liver and kidney.—*Revista Clinica.*

PERNICIOUS ANÆMIA.—G. Reyher has had thirteen cases of progressive pernicious anæmia recover. These were due to a special cause. There was no doubt about the diagnosis, repeated examinations of the patients revealed no lymphatic enlargements, no malignant neoplasms, nor acute nor chronic hæmorrhage, nor cardiac or pneumonic trouble, nor enlargement of liver or spleen, no sugar nor albumen in the urine, nor chronic abscesses, nor was the profession of the patients such as to account for their condition of anæmia. Yet all presented in a greater or less degree the clinical signs of progressive pernicious anæmia, such as the nervous symptoms, weakness in movement, apathy, tendency to vertigo, lipothymia, headache, etc. Alterations in the red corpuscles identical to those described by Sorensen. In all of these were noted the fact that the anæmia coincided with the presence of a bothriocephalus latus in the digestive canal, and that the recovery ensued after expulsion of the bothriocephalus.—*Giornale Inter.*

PENETRATING WOUND OF THE ABDOMEN WITHOUT SHOCK.—A remarkable case is reported in the *Lancet* (Dr. Grange) of a young ploughman in robust health, while walking through a field, was attacked by a bull, knocked down, and gored in the abdomen. The bull's attention was then directed to a couple of dogs, the only help at hand, and the man escaped over a hedge. He says that when he rose up his trousers were torn and bloody, and he saw his bowels hanging out, forming a large mass, which he caught in his hands. Supporting them in this way, he walked home, a distance of a quarter of a mile, and up-hill, before he could get any assistance. The intestine was cleansed and reduced, and the wound closed by sutures, a cold water dressing applied and opium freely administered. The patient made a good recovery.

GOUTY URETHRITIS.—Gouty urethritis is not recognised by all authors. Dr. Turbure publishes in his thesis a new observation, which appears to be indisputable, and studies in this subject has characteristics which should be assigned to this form of the disease. The

urethral discharge of gouty origin appears suddenly, is abundant and thick from the first. The color and the nature of the discharge present the characters of the acute stage; the pus is greenish-yellow, then it gradually disappears, diminishing gradually in quantity and consistency. The functional symptoms which accompany this discharge are almost negative. We notice a complete absence of inflammatory reaction; neither redness nor swelling of the meatus; no pain in micturition; no burning sensations in the canal; nothing, in a word, which would indicate a classic blenorragia. There are, however, cases where the pain appears to have been rather acute. The prognosis is generally favorable, as it disappears under general treatment.—*Jour. de Med et de Chirurg.-Pratique.*

ANTIPYRIN IN NEURALGIA.—We have used antipyrin in four cases of neuralgic pain, in accordance with Germain See's recommendation. In one case of supra-orbital neuralgia instant relief followed the administration of two-grain doses, in hot water, every two hours. In a case of hemicrania, the seat of most intense pain being in the left temple, the same result ensued. In a recent case of lumbago the relief was sufficient to enable the patient to go out on the second day. But in a severe case of inter-costo-humeral neuralgia, with functional irregularity of the heart, the drug failed, even when increased to five grains.—*Medical Times.*

NOVEL TREATMENT FOR PERFORATION OF THE TYMPANUM.—(L. Polo).—The author has invented an original method for the cure of perforations of the tympanum. It consists in an ingenious application of the method of repair by grafting. A portion of the lining membrane of an egg shell (perfectly fresh) is detached, and spread carefully over the opening it is proposed to close up, taking care to apply to the membrane the side of the graft that was in contact with the white of the egg.—*Journal de Med. de Paris.*

METHOD FOR RECOVERING SUBSTANCES SWALLOWED.—In a case of swallowing artificial teeth, the author gave his patient four large

slices of bread, followed by four large spoonfuls of thick flour pap, after which an emetic was administered. The teeth were expelled, enveloped in the thick matters vomited.—*Journal de Med. de Paris.*

A CONTRIBUTION TO THE TREATMENT OF FRACTURES OF THE PATELLA AND OLECRANON BY BONY SUTURE (STANKIEWICZ).—A man, aged 31, fell down stairs and broke his patella. After seventeen weeks he could walk with difficulty, and with the aid of a stick; he fell again, and now he was unable to use the limb. The joint was much swollen, and the skin over it thick and immovable. Patellar fragments an inch and a quarter distant. Knee joint opened longitudinally, blood clots removed, and the edges of the fracture covered with fibrous tissue sawn off. The fragments, however, could not be approximated. Tendon of quadriceps cut, the joint capsule separated, ligamentum patellæ cut, fragments sutured with silver wire, joint washed out with perchloride solution and drained. Recovery uncomplicated; fragments firmly united; no ankylosis. Patient walked well without a stick after three months. A somewhat similar case in which the olecranon had been fractured a month before also operated upon, and a good result obtained. The author therefore recommends bony suture, but not in recent cases.—*Centralblatt für Chir.—Medical Chronicle.*

Therapeutical Notes.

GALL STONES.—Peas should especially be forbidden in the diet of biliary lithiasis, as they contain a fatty substance similar to cholesterine.

PRURITUS VULVÆ:—

R. Pulv. lycopodii ʒi.
Subnitrate of bismuth ʒv.

Englemann recommends vinegar in spray or brush, as an antiseptic in diphtheria. It is not irritating, and more reliable than a five per cent. solution of carbolic acid.

PHYMOSIS.—Poncet concludes that phymosis is the cause of 90 per cent. of all cases of incontinence of urine in boys, and recommends circumcision as the remedy before all others.

ECZEMA OF THE EYELIDS.—

R. Acid acetic crystal 0.20 centigr.
Cherry laurel water ... 20 grammes.
Glycerine 5 "

M. Apply daily.—*L'Union Medicale.*

ointment for ACUTE ECZEMA.—

R. Citric acid 1 gramme
Cherry laurel water 4 "
Oil of birch 15 drops
Cold Cream 40 grammes

M. Apply three times a day, dusting with starch powder in the intervals.—*L'Union Med.*

CHRONIC GONORRHOEA.—Ledetch recommends against the chronic form of gonorrhœa:

R. Bisulphate of quinine gr. xv.
Glycerine ʒi.
Aq. destill ʒiii.

M. Inject at first three times, then twice, and finally once, daily.

SWEATING OF EXTREMITIES AND AXILLÆ.—

R. Naphthol 5 parts
Glycerine 10 "
Starch 100 "

After this application dust with the following:

Powdered naphthol 2 parts
M. " starch 100 "

AFTER PAINS.—Quinine in combination with opium is the best treatment for after pains, in case this suffering is caused by excessive irritability of the uterus. For irritability of the bladder, and frequent and painful micturition, the fluid extract of gelsemium is said to be almost a specific.

In diseases of the respiratory organs with frequent and exhausting cough without expectoration, or where expectoration is very difficult, Dr. Stockquart, of Brussels, recommends highly the chlorhydrate of apomorphine in doses of 3 or 4 milligrammes in 24 hours.—*L'Union Medicale.*

Dr. G. Jovissene avows that he always succeeds in aborting furuncles by inunctions of lanolin 10 grammes, red oxide of mercury 10 centigrammes. To be rubbed in for three or four minutes once a day for small furuncles, several times a day for larger ones.

CHAFING OF INFANTS.—M. Lorens declares the following to act like magic in chafing :

R. Ammonia sulph. ichthyocolici gr. iii.

Unguent paraffini. 3v.

Cumarini gr. viii-xv.

Apply with the fore-finger after bathing and drying the child.

PHAGEDENIC CHANCRE (Rollet).—

R. Lemon juice 6 grammes.

Sydenham's laudanum . . . 3 "

Solution subacetate of lead 4 "

Distilled water 20 "

Pledgets of lint are soaked in this lotion and applied to the ulcerations.—*L'Union Medicale*.

LAXATIVE STOMACHIC.—

R. Ext. fl. cascara 20 grammes.

Tr. mucis vomicae 2 "

Cherry laurel water 15 "

Distilled water 100 "

Syrup simpl. 15 "

M. Three or four coffee spoonfuls daily.

—*L'Union Medicale*.

METHYLCHLOROFORM AS AN ANÆSTHETIC (Dubois & Roux).—From experiments on dogs, the authors consider methylchloroform as an anæsthetic superior to chloroform; its action is slower, but the sleep obtained is calm, and the awakening followed by no trouble. Moreover, methylchloroform has not the suffocating smell of chloroform.—*Progres Medical*.

CHRONIC STRYCHNIA POISONING—(Chouppe).—Mr. Chouppe concludes from experiments and observations that strychnine is a medicine to which the system does not become accustomed, and that, consequently, the doses can only be increased with great care; otherwise, a dose which may have been innocuous the day before, may unexpectedly produce the most grave symptoms.

LOTION FOR GINGIVITIS IN PREGNANCY.—

R. Chloral hydrat 5 grammes.

Spirits of Cochlearia. . . . 5 "

Dissolve.

Remove the tartar from the teeth, and apply the lotion every day, or every other day, to the

borders of the inflamed gums, by means of a sponge-holder and cotton batting or small piece of sponge.—*L'Union Medicale*.

GREEN HELLEBORE ROOT IN HEART DISEASE (Tschistowitsch).—Observations on eleven cardiac cases. The aqueous extract and infusion of the root caused in six cases in the dose of 15 drops of a one per cent. solution every two hours, slowing of the pulse, increase of force in the pulsations, increased urinary secretion, and a prompt disappearance of the symptoms of non-compensation.—*Bulletin Gen. de Therap.*

Bernbeck recommends for insect bites the immediate application of either of the following solutions:—

R.—Collodii elast 150 grains.

Acid. salicyl 15 "

S.—To apply with a brush.

R.—Coll. elast 150 grains.

Hydrarg. perchlor. 5 "

S.—To apply with a brush.

—*Therap. M.—Med. Chron.*

Verneuil draws attention to the fact that occasionally bleeding from the nose is dependent on diseases of the liver (when the usual causes are absent). Such hemorrhage, which always recurs notwithstanding all local treatment, is best stopped by application of a large vesicating plaster on the region of the liver. Verneuil has lately used this treatment successfully in three cases in his practice.—*Therapeutische Monatshefte—Medical Chronicle*.

ATROPINE IN PTYALISM (Dr. Otto Hebosi).—Atropine according to the author is very efficacious in ptyalism, especially when of neurotic origin. In one case of alcoholic dementia, the patient secreted as much as a litre of saliva in 24 hours; another case of epileptic mania secreted at least an equal amount. In both cases the ptyalism ceased after the administration for several days of atropine, in doses of from $\frac{3}{4}$ to 1 milligramme. Care must be taken to have the solution fresh.—*Journal de Méd. de Paris (Paris Médical)*.

Prof. Luton, of Rheims, concludes that a cure of tuberculosis can always be effected by phosphate of copper, which, however, must be in the nascent state and soluble in an alkaline body. He thinks he has found a specific in the following formula :

R. Neutral acetate of copper.. 0.15 gr.
 Crystallized phos. of soda.. 0.75 "
 Glycerine and pow'd licorice q.s.
 ℞ Ft. pil.

TURPENTINE IN INTESTINAL AFFLICTIONS OF CHILDREN.—Brown considers the essence of turpentine to be a drug which is eminently soothing to the irritated and inflamed mucous membrane of the intestines. It is not only antiseptic and disinfectant, but tends to heal ulcerated surfaces. He found it to be of very much benefit in the pain accompanying diarrhoea and constipation, and also in the emaciation accompanying the enteritis so commonly found in children brought up on the bottle. He uses it in doses of two drops for a child one year old.

FROST-BITES—(E. Besnier).—First bathe the swollen parts in a decoction of walnut leaves; wipe; rub with camphorated alcohol, and cover with the following powder :

R. Salicylate of bismuth..... 10 gr.
 Starch..... 90 gr.
 ℞. For the itching at night, rub with this solution :

R. Glycerine. }
 Rosewater. } āā 50 grammes.
 Tannin..... 10 centigr'mes.
 Applying the bismuth powder afterwards.

When there is ulceration, the frost-bites are wrapped in walnut leaves, softened by soaking in water.—*Progrès Medical*.

TREATMENT OF MALIGNANT TUMOURS BY ARSENIC (Dr. Koebel).—The author has obtained by the arsenical treatment 17 cures (in a period of six months) and 14 ameliorations in 59 cases of malignant lymphoma of a duration of from one to ten years, and which were situated in the neck. He obtained no results in epithelial cancer. The treatment should be followed for two months at least for the effects

to commence to appear. It consists : I. In the injection of 10 to 40 drops, twice a day, of one of the following liquids :

- (1) Fowler's solution..... } āā 5 drops.
 Tincture of malate of iron }
 (2) Fowler's solution..... 1 gr.
 Tincture of malate of iron.. 4 gr.

II. In parenchymatous injections of Fowler's solution, made concurrently with the internal treatment. The author commenced by one division of Pravaz syringe, and increased gradually to five; he stopped when the first symptoms of poisoning appeared. In 13 cases there occurred abscesses at the point of injection; in two there occurred necrosis and elimination of the tumour.—*Journal de Méd. de Paris*.

INJECTIONS OF FOWLER'S SOLUTION IN LEUKÆMIC ENLARGEMENTS OF THE SPLEEN (Mosler).—Mosler has published another case of cure by the above method. This treatment is contra-indicated in hæmorrhagic patients. It should only be practised when the spleen is hard and perhaps easily reached by the Pravaz needle through the abdominal parieties. The author recommends before commencing the injections, a general preparatory treatment, intended to reduce the splenic engorgement, and which should be continued during the period of injections. In his case the preparatory treatment consisted in the administration of the following pills :

R. Piperine..... 5 grammes
 Essential oil of eucalyptus
 leaves..... 10 "
 Chloride of potassium 2 "
 White wax..... 2 "
 Magnesia 6 "

℞ ft. 200 pills. Dose 10 to 15 two or three times a day. For a period of three weeks, injections every two days of one syringeful. To deaden the pain a bladder of ice was applied over the puncture for two hours after the injection.—*Journal de Méd. de Paris (Paris Médical)*

Spencer Wells places the economical value of the increased population due to sanitary work in the last fifty years at £300,000,000.

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

SPECIAL NOTICE.

New Subscribers, and all who pay arrears and subscription for 1888 before the first of January, will receive, in addition to THE CANADIAN PRACTITIONER, a Standard Physician's Visiting List.

TORONTO, DECEMBER, 1887.

OUR JOURNAL.

THE CANADIAN PRACTITIONER completes in this issue the twelfth year of its existence. Its editors have experienced the various vicissitudes of those who march along that royal road to wealth, viz., medical journalism. The wealth which we have accumulated has not made us exclusive, or cold, or proud. On the contrary, we are still willing to work in the interests of those we love—our patrons who “pay up and look pleasant.”

Those people who say there is a great deal of money in our business, may know all about the matter, and we will therefore accept their wise conclusions. It so happens, however, that for a number of years we found it more easy to put the money in than to get it out. This condition of affairs is not satisfactory in all respects, and it gives us a good deal of pleasure to state that it has some time since ceased to exist. The PRACTITIONER is now prosperous and although we may object to anything like invidious comparisons, the circumstances of the case compel us to record our conviction that it is to-day the most prosperous medical journal in Canada. The crucial test of the prosperity of any periodical lies in the legitimate circulation among *bona fide* subscribers. From this view of the subject, it gives us considerable satisfaction to say that the increase in our circulation during the last three years, has been unprecedented in Canadian medical journalism.

The old truism, that “nothing succeeds like success,” is well exemplified in the history of the PRACTITIONER. Our success gives us greater responsibilities, but at the same time

gives us a decided stimulus to put forth still greater exertions in the future to earn the confidence of our subscribers. As in the past, we will continue in the future to strive to represent the interests of the profession in our prosperous Dominion. We will cordially support the Medical Council in its laudable endeavors to advance the interests of medicine in Ontario. We will, at the same time, do all we can to assist the new Medical Faculty of the University of Toronto in its efforts to co-operate with the Ontario Council in raising the standard of medical education. We will also support the other worthy medical colleges of the Dominion who are doing good work in our common cause.

We have made arrangements to make our series of journals in the thirteenth volume still more attractive. We will appear in a new dress, with new type, bought especially for us. We will present a number of papers on special subjects, including a series, carefully prepared, on electro-therapeutics. We will always consider carefully the claims of our correspondents. To them we beg to say, make your communications as concise as possible. Our space is limited, and we frequently have to abridge. We dislike to do so, but are often compelled by the exigencies of the situation, and sometimes have to refuse altogether.

As our advertisers have done so much to ensure our success, we must, in justice, continue to give them the best possible terms. In consideration of the fact that we are now the best Canadian advertising medium, we have seen fit to increase slightly our rates, but they are still lower than they should be. Our greatly increased circulation enables us to give better value than we have ever done before; and, as advertisers are not influenced by sentiment, we simply ask them to accept the stern logic of facts, and place their advertisements where they are likely to receive the largest profit on their investments.

We have to express our gratitude to our patrons for their kind and loyal support; without it we could not exist; with it we are encouraged to go on, and put forth still greater efforts to please them. In issuing the last number of our Journal for 1887, we are reminded of the fact that another year is approaching its

conclusion; and, in view of the festive occasions connected therewith, we have great pleasure in wishing for all our readers

A MERRY CHRISTMAS AND A HAPPY
NEW YEAR.

TORONTO UNIVERSITY MEDICAL COLLEGE.

The *Toronto World*, which has ever been recognized as the students' friend and a zealous supporter of higher education, in a recent issue spoke as follows: "At University College the new medical scheme is working well, and the chief complaint the students have seems to be the inconvenience of going from the college over to the hospital. This will no doubt be remedied soon by the erection of some new medical buildings; rumor has it that Moss Hall, known to the graduates of years gone by as the Old Medical School, is to be reconstructed and turned once more to its former use. But what a change from former times when the old Taddle flowed silently down the ravine under the little wooden bridge, and gurgled onwards through the slimy frogpools that nestled in the bed of Sleepy Hollow! Then the medical student was wild and barbarous, his midnight shouts offended the sensitive ears of passers by, and occasionally he overstepped the bounds of decency by impaling a 'body' on some fence post. To-day, alas! he will be surrounded by the Y. M. C. A. building, the Divinity School, and the School of Science, and instead of the noisy shouts of old, he will walk along hand in hand with the divinity student discussing the merits of 'frogology' or the attributes of 'prehistoric man.'" We have reason to know the rumor referred to is not exactly correct, as far as Moss Hall is concerned; but, at the same time, it is quite likely, as the *World* suggests, that much will be done in the near future to make all the facilities for the students as convenient as possible for them in all respects.

We are pleased to learn that, notwithstanding the slight inconvenience arising from the distance between University College and the General Hospital, the students are, without exception, well satisfied with present arrangements. At the same time it is very satisfactory

to know that special efforts are being made by those interested in this new Medical Faculty to advance with the times, and offer still greater facilities to those engaged in the study of medicine.

ALLEGED MALPRACTICE CASE.

An action for malpractice was brought against Dr. N. D. Richards, a worthy and successful practitioner, of Warkworth, Ont., by Mr. Conlin, of Campbellford, early in November at the Northumberland Assizes, in Cobourg. The same case was tried last year, and resulted in a nonsuit. On appeal a new trial was ordered.

It appeared in the evidence that Mr. Conlin received a fracture of the lower part of the leg, affecting the ankle joint, July 1st, 1885, when Dr. Richards was called in to treat the case. Temporary dressings were applied, and the patient was made as comfortable as possible for the night; but shortly after the application of the dressings he was removed to the residence of his uncle, four miles distant. The doctor was faithful in attendance, and changed the dressings when necessary. He received the advice and assistance of Dr. McRae, one of the oldest and best physicians of East Northumberland.

At the trial many doctors, including Drs. W. T. Aikins and J. H. Richardson, of Toronto, gave evidence in favor of the defendant, Dr. Richards. The Judge also charged strongly in his favor; but notwithstanding these facts, the jury disagreed, and the case is therefore still unsettled.

Dr. Richards has been put to the trouble and expense of two trials, and even if he wins in the end, it is a question if he can recover his costs. Under the circumstances we might possibly be guilty of a "contempt of court" if we discussed the merits of the case at the present time, and as we already entertain a very supreme contempt of court as far as trial by jury, that fossilized bulwark of English liberty, is concerned in such cases, we have no desire to add to our sins in this respect.

In this case, as well as in all others of a similar description, we hope that justice may

be done without any poetical tumble of "the heavens," or any other serious catastrophe. In a general way, we may say, we think that any surgeon, who is proved guilty of gross ignorance or carelessness, should be punished; but as the law at present stands, any worthy and careful practitioner may be subjected to an expensive trial by an irresponsible patient, who is not asked to give any security for expenses; and, when the doctor wins the case, he may either whistle or sing psalm tunes for his costs without the slightest prospects of collecting them. When the case goes to a jury the defendant is left at the mercy of a body of men who have about as much knowledge of the intricacies of difficult medical and surgical cases as the average public school-boy has of Sanscrit.

THE REMOVAL OF SUPERFLUOUS HAIR BY ELECTROLYSIS.

Those who had the pleasure of hearing Dr. Fox at the last meeting of the Ontario Medical Association, will remember the able description he gave of this new and successful operation. The presence of superfluous hair on a young lady's face is a matter of greater moment than one might at first consider it to be. When the patient notices this deformity she attempts to remove it by pulling out the hairs. She is disappointed by their re-appearing stronger and thicker than ever. She then uses a depilatory, which she finds will only remove the hairs temporarily, and which in time produces a decided roughness of the skin. She then applies to a physician, who may make light of the difficulty, and say that there is no permanent cure. The latter assertion would have been true ten or twelve years ago, but is now incorrect.

There is no doubt that these hairs can be permanently removed without leaving any noticeable scars. The operation, too, can be done by any physician who has a delicate sense of touch and a steady hand. Of course, like all other manipulative proceedings, greater dexterity is acquired by practice. A twelve cell battery, a needle holder, and some fine Swiss needles, are all that are required for the operation. The pain to the patient is very

trivial, in most cases not nearly so unpleasant as is produced by the dentist in the filing of teeth. The needle should be carefully introduced into the hair follicle. When this is done successfully no pain or bleeding is experienced. After a little practice one can tell at once when the needle enters this follicle.

It is a misfortune that such a successful operation should be so little known to the profession generally. Patients often regret the use they have made of depilatories, and wish that they had been informed of some successful means of cure.

It must be remembered that with the best skill, from ten to twenty per cent. of the hairs will return, and will require a second operation. It is also a fact that in many cases new hairs are constantly growing, and will sometimes continue to grow for a year or so after the old ones have been removed. In many cases the galvanic current seems to have the effect of preventing the appearance of new hairs.

Another, and more serious, aspect of this subject is the mental distress into which such patients fall, when their many attempts to destroy superfluous hair fail. Some become almost insane. It is also noticeable that after the permanent removal of the hair, their mental and physical condition is decidedly improved.

AN HOSPITAL SUNDAY FOR TORONTO.

Dr. J. George Hodgins, of Toronto, has written an excellent paper on this subject of an Hospital Sunday for this city, which he read before the members of the Ministerial Association of Toronto, October 24th. The Doctor stated that such an institution had existed in England for nearly thirty years. The "Hospital Sunday" was first organized in Birmingham, and after its successful inauguration there, the system was soon extended to Manchester, Liverpool, Leeds, Newcastle, Chester, and many other large towns in England. In 1873 it was taken up in London, when a number of representatives, chiefly clerical, held a meeting under the presidency of the Lord Mayor, with a view to adopting the scheme. The Lord Mayor at that meeting

spoke as follows: "I believe that the establishment of Hospital Sunday in London would be a great benefit in deepening, strengthening and uniting religious feeling throughout the whole of the metropolis—for on that day all congregations would feel that they were assisting in promoting a great Christian object. It would, I think, be glorious to know that on one Sunday in the year, the worshippers in every temple throughout the metropolis came to the altar, before which they were accustomed to worship, and tender a mite—each according to his means—in the promotion of one common object." The results in London were very satisfactory, as shown by the amounts collected. In 1873 the amount collected was \$138,500; in 1887, this year, \$205,000. This latter sum was distributed amongst 108 hospitals and fifty dispensaries, being an average of \$1,300 each.

Dr. Hodgins, after enumerating these and other facts in connection with the movement in England, goes on to say, that there is no reason why the objects and contributions of an Hospital Sunday in Toronto, if it be established, should not embrace the whole field of our charities. He thinks this would enlist the sympathies of the entire community, and gives a number of reasons to show the advantages of such a concentrated effort towards the relief of suffering, sorrow and misery.

We are heartily in sympathy with the worthy and distinguished author of this paper in his views on this important question. No city on this continent with a population equal to that of Toronto has done more, or as much, in a systematic way to relieve the wants of those in sickness or distress. There is unfortunately much yet to be done, as every physician or observing and kind-hearted citizen well knows. We hope the paper of Dr. Hodgins will receive the attention it richly deserves.

A tumor of the spinal cord was shown at a recent meeting of the London Pathological Society (*Lancet*) of about the size of a large olive, composed almost wholly of fat. It occurred in a young woman whose femur was fractured accidentally.

THE NEWER ANTIPYRETICS.

The current medical literature for many months past has contained numerous communications, reports of cases, and discussions regarding the efficacy of the more recently discovered antifebrile drugs in pyretic cases. The following summation has been made from Edes' work on therapeutics just issued.* *Salol* is said to cause no gastric disturbance and less ringing in the ears than salicylate of sodium, and to be equally effectual as an antipyretic in rheumatism and other diseases. *Thallin* is an undoubted antipyretic of moderate and short lived efficiency, with drawbacks in the way of chills and profuse sweating. *Knirine* is readily soluble in water; has been used in various febrile diseases, where it lowers the temperature for a short time. It has often produced gastric disturbance, and sometimes alarming collapse. There is no good reason to suppose that it favorably modifies the course of the diseases in which it has been used. *Chinoline*, a derivative from coal tar—the tartrate has been used as an antipyretic. *Trimethylamine* is an irritant to mucous membranes, and gives rise to local irritation when given by the stomach. In medicinal doses it causes a fall of temperature and pulse without much action on the secretions. *Antifebrin* does not affect the healthy temperature, but when given in a case of pyrexia the temperature begins to fall, and attains a maximum depression in about four hours. This action may be occasionally attended by chills, collapse, and the cyanosis sometimes noticed after other antipyretics. Sweating is observed. There seems to be some depressing effect upon the heart. *Antipyrine* is easily tolerated by the stomach, especially when taken with wine or aromatics. Full doses of this drug produce a fall of temperature, lasting five to eight hours, the minimum being at from three to five hours. It seems to be attended with fewer unpleasant results than many other antipyretics. In phthisis, if the fever is permanently high, it either does not act or produces a rapid fall of temperature, with sweating, vomiting, and collapse; with the re-

*Text-book of Therapeutics and Materia Medica, by R. F. Edes, A.B., M.D. Lea Bros. & Co., Publishers, Philadelphia.

mittent type of hectic, small doses will keep down the temperature without unpleasant effects. In scarlet fever and diphtheria it should be used with caution, for fear of a depressing effect upon the heart. It has been used with good results for the relief of headache and neuralgia, and is slightly hypnotic. It is said to be very effectual in relieving the pain of dysmenorrhœa. On the other hand, it does not modify the course of typhoid fever, and does not control intermittent.

A NEW HOSPITAL FOR TORONTO.

The Toronto daily papers, on November 21st, announced the important fact that a new hospital will shortly be erected in the city. The Hon. John Macdonald has inaugurated the scheme, and commenced the subscription list with the handsome donation of \$40,000. It is expected that \$150,000 will be raised for the building alone, while the trustees of the University of Toronto will give the ground required. The hospital, when completed, will probably be placed under the management of the General Hospital Trust.

The Toronto General Hospital has received several additions in recent years through the liberality of private citizens, and now contains more than 300 beds. Under the new *regime*, we will have a very complete hospital system, with about 450 beds, including those in the present group of buildings and the new western branch hospital. Recent indications show conclusively that they will all be required, and the benefits thus accruing to the public, in the interests of suffering humanity, cannot be over estimated.

Looking at it from the standpoint of higher medical education, the increased facilities which will be afforded to medical students for receiving clinical instruction, will prove invaluable to the rapidly increasing classes who obtain their training in this city.

We gladly unite with the general public in expressing our appreciation of the generosity of the distinguished senator who has founded this new charity. Our heart-felt wish is that he may live long to observe the good results which must of necessity follow his worthy act. We

are pleased to see the trustees of Toronto University in active sympathy with the scheme. The site so promptly given, will be one of the finest in Canada. We are also glad to hear of the active co-operation of many generous citizens, who have promised assistance. As Toronto grows at a marvellous rate in numbers, wealth and learning, she may well be congratulated on the character of her citizens, who spend large portions of their means for the benefit of their fellow creatures "in sickness and distress."

THE CROWN PRINCE'S MALADY.

According to the most reliable information which has been received, there seems very little room for doubt that the disease from which the German Crown Prince is suffering is cancerous. All the surgeons who have been in consultation seem quite agreed on this important point. The fact, however, that there has been no return of the growth in the situation from which it was removed last summer by Sir Morell Mackenzie, tends to prove that the growth, in the beginning at least, was not malignant. This view was further supported by the opinion of Prof. Virchow, who made the microscopic examination. The new growth which has appeared is situated half an inch below and in front of the former one. The œdema which was lately present, and which gave rise to much difficulty, has entirely passed away, but Mackenzie thinks it not unlikely to return in a chronic form. The patient is probably not in a worse condition to undergo exsection of the larynx now than he was when the preparations were made for the operation in the summer, and in the meantime he has enjoyed comparative health, for which Sir Morell is to be thanked. His expectation of life is however extremely unfavorable; under the best care and, including tracheotomy in emergency, the outside limit cannot be beyond four years, and in case of laryngectomy it is of course very uncertain.

Lectures on bacteriology are delivered four times a week by Prof. Crookshank at King's College, London; they are intended for practitioners, students and medical health officers.

HILL CREST CONVALESCENT HOME.

Among the charitable institutions established in this city during the last few years, none have been more required than the Convalescent Home, erected last year on Wells' Hill, to the north of the city. The hospital patient, compelled to leave that crowded institution ere convalescence is thoroughly established, and the middle-class patient, unable to add to his medical bill, the expense of a brief change of air—to say nothing of the physician in each case—owe grateful thanks to the lady who so generously recognized and supplied their need. Here, within a few minutes' drive from the centre of the city, the necessary rest, fresh air, nourishing food, and comfortable quarters, can be obtained at the trifling cost of 40 cents a day. The building is large and commodious, and commands one of the finest views in the city. There are several rooms provided for better class patients, at a small addition to the expense. Thirty patients can be accommodated at a time, their stay being limited to fourteen days, this period being extended if necessary.

The whole establishment is under the charge of a lady superintendent, assisted by a trained English nurse and several servants; patients retaining their own medical advisers during their stay at the Home if they so desire.

The building was erected at a cost of \$10,000, the gift of Miss Evans, an English lady, upon a lot donated for the purpose by Mr. Wm. Gooderham—but the institution looks for its support to the generosity of the citizens, and the weekly payments of those who seek its hospitable shelter.

A HOSPITAL FOR COLLINGWOOD.

Another opportunity is afforded those who are of good heart and rich in worldly goods of giving assistance towards the establishment of an hospital where one is greatly needed. The following appeared recently in a leading daily: "A most laudable project is on foot at the prosperous town of Collingwood. A 'Marine and General Hospital is about to be established.' An Act of Incorporation was obtained at the last session of the Dominion Par-

liament giving authority to carry on this important work. Subscriptions and land have been obtained, and an early commencement of the work is anticipated. Further assistance, however, is urgently needed, and the trustees under the charter are making an appeal to the benevolent for aid in this truly charitable and important work. Nearly \$1000 is in hand, and a lady generously offers to give another \$1000 as soon as \$2000 shall have been raised. \$50 entitles the donor to life membership. Subscriptions will be thankfully received by Mr. H. B. Macdonell, Secretary; Mr. W. B. Hamilton, President, or the Bank of Toronto, Collingwood.

NOTES.

Congenital atrophy of the heart is confined almost entirely to the female sex.

Next month several very valuable original communications will be published in this Journal.

A dispensary, to be known as the Western Free Dispensary, is to be started on College Street.

Prof. Granger Stewart has been gazetted Deputy-Lieutenant for the city and county of Edinburgh.

Messrs. Lea Bros. & Co., of Philadelphia, are about to issue a new edition of Gray's Anatomy, with colored plates.

It is announced that Dr. Kraus, the noted editor of the *Wiener Medizinische Zeitung*, is dead. He was in his sixtieth year.

The Emperor of Austria has conferred upon M. Pasteur the decoration of the order of the Iron Crown, with the title of Baron.

We shall be glad to receive from our friends everywhere current medical news of general interest. When sending newspapers mark the items.

A COMPREHENSIVE PERIODICAL.—*The Medical Waif* is a practical monthly medical journal devoted to diseases of children, women, rectum and anus.

A young French military surgeon was recently accidentally burned to death in a disciplinary cell, having been incarcerated for some military offence.

AN OLD TURK.—Dimitros Antippa, born 1772, died last month at Constantinople. He was in Paris during the Reign of Terror, and was a personal friend of Robespierre.

Dr. Grenville E. Moffet reports three cases, all soldiers, to whom syphilis was communicated by tattooing, the needles having been previously used on others affected with syphilis.

M. Duclos considers that in true chlorosis, no matter the number and site of the cardiac murmurs, the basic murmur is never absent and is most often systolic.

Dujardin Beaumetz says that of antipyrin it may be affirmed that it is an absolute peer of salicylic acid in the treatment of acute rheumatism, and without possessing the disadvantages of the latter.

We understand that the Faculty of the Medical Department of the Western University, are again considering the advisability of erecting a new building, owing to the increase in the number of students.

Dr. Laplace, of New Orleans, having experimented in Koch's Laboratory, arrives at the conclusion that the action of corrosive sublimate is greatly enhanced by the addition of tartaric acid.

Strange to say, there is one disease which, on examination made to determine whether or not it is dependent on bacteria, fails to show itself capable of being produced by these micro-organisms—it is dysentery.

OUR CLUBBING RATES.—Special arrangements have been made with the publishers of some of the leading medical periodicals to supply them at reduced rates to the subscribers

of the PRACTITIONER, and we have also arranged to have sample copies of that leading English medical weekly, *The Medical Press and Circular*, sent to our friends.

STENO-CARPINE.—In connection with his article in our last issue, Prof. Reeve writes: "It is instructive, though not edifying, to learn on good authority, that gleditschine is a compound of cocaine and atropine, and therefore a bogus substance. It will be a pity, in more senses than one, should crucial tests now being made prove that the thorny locust is innocent of any anæsthetic virtues. One could surmise the motive of the fraud were the habit of the tree confined, say, to Patagonia or the flanks of the Himalayas."

Dr. Canniff, the Medical Health Officer of Toronto, has issued the following circular to the profession in the city:—The Local Board of Health has provided for the special and exclusive use of a vehicle to convey persons affected with infectious and contagious diseases to the Hospital. You are therefore requested, when you desire to have removed a patient with such a disease, to apply to the Medical Health Officer. Of course, the city only pays for the carriage when the person is unable to do so, and a satisfactory certificate to that effect is supplied.

Dr. Harold N. Moyer reports in the *Medical Standard* an interesting case, where hemicrania associated with glycosuria was successfully treated by antipyrin. A pregnant young woman, who had engaged me to attend her during her confinement, consulted me for a profuse leucorrhœa. An examination of the urine revealed some sugar, which a few days later increased to a considerable amount. It was at the height of this "glycosuric storm" that she developed a most violent hemicrania. The pain was intense, and the suffering of the patient past endurance. Antipyrin was prescribed, in ten-grain doses, every two hours. With the first dose the pain subsided; a single powder relieved all distress on two subsequent occasions. When the glycosuria subsided, the hemicrania also disappeared.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, Oct. 20th.

Dr. Nevitt read a paper on

COMPLICATIONS IN PARTURITION.

In the discussion which followed

Dr. Carson deprecated the use of the forceps in difficult labors, unless in the presence of a second physician.

Dr. Atherton believed that faultily-formed pelvis, and mal-positions of the placental site, were among the most frequent causes of breech presentations, the occipito-posterior position, etc., as the child would naturally settle down into the position most easily attainable when the time for delivery arrived. The sharp pains present in cases of short cord were chiefly due to the kicking and pushing of the child's feet against the abdominal parietes. A bowl, wrapped in a towel, and applied to the uterus, concave surface downwards, was effectual in controlling a relaxing uterus.

Dr. Ferguson related a case in which the cord, a short one, was twisted around the child's neck. The infant died suddenly at the end of twenty-four hours, during which it had uttered continuously a whiny cry. The *post mortem* revealed an extravasation on the anterior aspect of the medulla. He thought that the prominence in the inguinal region, mentioned in the paper as present in occipito posterior positions, was caused by the pressure of the chin against the abdominal walls.

Dr. Graham wondered if early death of the child might not sometimes be a result of traction exerted on the abdomen by a short cord.

Dr. Nevitt, in replying, stated that Cazeau laid stress upon the following points as diagnostic of short cord:

1. The peculiar intensity of the pains.
2. Their brevity and abrupt termination.
3. The recession of the head after each pain.
4. A saucer-shaped depression in the fundus uteri, due, like the preceding, to traction by the cord, and perceptible by palpation.

STATED MEETING, Oct. 27th.

PATHOLOGICAL SPECIMENS.

Dr. McPhedran showed, among others, a well marked specimen of senile *fragilitas ossium*, in the sternum of a man aged seventy.

Dr. W. H. B. Aikins showed several specimens, among others, there being one of *ulcerative dysentery*, taken from a Russian Jewess, who had recently come from Europe, and died two days after arriving here in the Toronto General Hospital. The large intestine from the ileo-cæcal valve to the anus, was extensively ulcerated, and the walls greatly thickened.

Typhoid perforation of the ileum, eight inches from the valve. The disease was in the eighth week, when perforation occurred, followed by severe septic peritonitis.

Rupture of the small intestine, resulting from the kick of a horse. The patient was admitted into the hospital under the care of Dr. Grasett, when in a collapsed condition, from which he never rallied, but died thirteen hours after receiving the injury.

Dr. Aikins requested an expression of opinion from the Society, regarding the advisability of a resection of the bowel in the last named cases, and remarked that in Germany a case was reported, where resection had been made for a typhoid perforation; the patient, however, died four hours after the operation.

Dr. Ferguson advocated the use of argent nitr. injections, gr. 15-20, in 2-5 pints of water, in cases of ulcerative dysentery. Permanent cure had been effected in eleven cases treated thus, salivation resulting in but one.

Dr. McPhedran said that rectal ulcer was a rare affection in this country, those who suffered therefrom coming usually from a warmer climate. Strong injections of argent. nitr. would cause a coagulation of the albumin, and so the absorption of the drug in poisonous quantities would be prevented. He had observed that perforation in typhoid occurred, as a rule, in comparatively mild cases, owing to some indiscretion on the part of the patient or his friends. Resection of the intestine in these cases was inadvisable, and success improbable, owing to the fact that ulceration was advancing in other patches.

Dr. Bethune had used injections of copper sulph. with great success in cases of rectal ulcer.

STATED MEETING, Nov. 3rd.

RAPID HEART ACTION.

Dr. Graham reported a case of remarkably rapid pulse, lasting for days, independent of any discoverable cause. A painter, aged 60, in perfect health, while at work became dizzy suddenly, and fell insensible to the ground; was not sent to the hospital for a week; when he entered, and for four days after, the pulsations numbered from 160 to 180 in the minute. This was the first attack of the kind. Rest and digitalis in two weeks' time gradually slowed the pulse to normal. A series of similar cases were reported in "Brain" a short time ago by Dr. Bristowe. In one case, when the pulsations numbered 240, death did not result till after several attacks. In some cases the *post mortem* had revealed no lesions.

Dr. Atherton reported a similar case of rapid pulse—200 in the minute—lasting for two days, in a patient convalescing from an abdominal operation, recovery ensued.

ANTIPYRINE AS A SUBSTITUTE FOR MORPHIA.

Dr. R. A. Reeve drew the attention of the Society to the use of this drug in cases where an anodyne required to be administered for any length of time. Moderate doses might be given for weeks without constitutional disturbance, and as effectively as morphia. He had used it in iritis, supra-orbital neuralgia, etc. It might be administered in capsule, in doses of gr. 10, repeated in two hours if no relief resulted.

Drs. Nevitt, Graham, Machell, Cuthbertson, and Spence testified to the powers of the drug as an anodyne, and also as an antipyretic in pneumonia and typhoid.

BICORNATE UTERUS.

Dr. Simpson reported a case of bicornate uterus. The woman had been confined of five children, three being with instruments. The malformation was not discovered till after the last labor.

ELECTRO THERAPEUTICS.

Dr. Rosebrugh read a paper upon the above subject, which appears on page 386.

ROSACEA.

Dr. Graham reported cases of rosacea in which he had applied electricity with gratifying results.

STATED MEETING, Nov. 10th.

Dr. Machell showed the dwarfed body of a foetus delivered at about the eighth month. The head was slightly enlarged, and all the limbs shortened to less than one-half their normal size; the bones being twisted and bent. The liquor amnii had been much in excess, and the placenta flattened and adherent. The previous children had all been large and healthy.

INFANTILE PARALYSIS.

Dr. Atherton presented for diagnosis a case of Dr. Nevitt's. A child, two years old, with paresis and atrophy of the muscles of the right shoulder. The child seemed well enough until a few days ago, when the paresis was noticed. There were no convulsions.

Drs. Atherton and McPhedran considered the case one of infantile paralysis.

Dr. Bethune believed it might be the result of injury to the shoulder; the lesion lay in a stretching or wounding of the nerves—the result of some injury to the shoulder from lifting.

Dr. G. A. Peters presented a specimen of

HEPATIC ABSCESS,

resulting from a scirrhus cancer. Nine months ago sharp pains were felt in the epigastric region. These were accompanied by symptoms of disturbed digestion, but at no time was there any vomiting. Recently Dr. H. H. Wright, who was in attendance, found a swelling in the left hypochondriac region extending also into the epigastric region. Death occurred from acute peritonitis. A partial *post mortem* was made twelve hours after death. On raising abdominal wall, a small opening, from which purulent fluid flowed, was found communicating with an abscess which occupied the position of the left lobe of liver. The left lobe of the liver was entirely broken down. At the upper

and back part of the pyloric end of the stomach was a small opening from the stomach into the abscess cavity. The pylorus was surrounded by a hard cancerous mass, but the opening into the duodenum was quite patent. The neoplasm involved the body of the pancreas. The head, anterior part of the body and tail, however, were quite free from change. The microscope showed a typical scirrhus carcinoma.

ULCERATIVE ENDO-CARDITIS.

Dr. W. H. B. Aikins then showed the heart and the temperature chart from a recent case under the care of Dr. Graham. There were extensive vegetations on the mitral and aortic valves, and also on the aorta one inch and a half above the valves. Ulcerative patches were clearly seen when the specimen was fresh. The temperature was of a typhoid character, varying as much as seven degrees in the twenty four hours. The remissions, however, occurred always in the evening.

INCISED INTESTINE.

The intestine from a man recently stabbed was then presented. The blade, $8\frac{1}{2}$ inches long, had entered the sciatic notch, penetrated to the opposite iliac crest, and pierced the intestine seven times. No resection was attempted.

Dr. Aikins also showed a preparation of the threads and rods of anthrax with a Leitz microscope.

D. J. GIBB WISHART, M.D.,
Secretary.

RESOLUTIONS PASSED BY THE PROVINCIAL BOARD OF HEALTH AT ITS MEETINGS, NOV. 1st & 2nd, 1887.

(Kindly furnished by the Secretary, DR. BRYCE.)

After minutes of last meeting were read and confirmed, Dr. Bryce, the Secretary, presented many communications for the consideration of the Board.

Dr. Macdonald read the report *re* the examination of the St. George Pond nuisance. Its adoption was moved by Dr. MacDonald, seconded by Dr. Cassidy.—Carried.

Dr. Bryce read a report *re* diphtheria and typhoid, which was received on motion of Dr. Bryce, seconded by Dr. Covernton, as the re-

port of the Committee on Epidemics.—Carried.

Moved by Dr. Covernton, and seconded by Dr. Macdonald:—"That Dr. Cassidy be appointed associate delegate with Dr. Oldright, to represent the Provincial Board of Health of Ontario, at the thirteenth session of the American Public Health Association, convened at Memphis, Tennessee, for Nov. 8th, of present year."—Carried.

Moved by Dr. Yeomans, seconded by Dr. Cassidy:—"That the Secretary and Dr. Macdonald, members of the Committee on Sewerage, be instructed to make, with the sanction of the Minister, an investigation into the case of the Niagara Falls muddy run nuisance, and report to the Board."—Carried.

Dr. Bryce read the report of the delegates to the International Conference at Washington. The report was adopted on motion of Dr. Bryce, seconded by Dr. Covernton.

Dr. Cassidy referred at some length to the fact that Dr. DeWolfe, of Chicago, and others, have found clothing from infected parts in Italy, which had passed ocean ports uninspected. He thought that local attention should be drawn to the matter. It was then moved by Dr. Cassidy, seconded by Dr. MacDonald:—"That, in view of the disclosures made by Dr. DeWolfe, Medical Health Officer of Chicago, about clothing from Palermo having been introduced into Chicago, thus exposing the people of that and other cities to the danger of infection, this Board would draw the attention of Medical Health Officers in Ontario to the fact, and desire them to take the necessary steps to prevent similar dangers to those within the field of their own jurisdiction."—Carried.

Moved by Dr. Yeomans, seconded by Dr. Covernton:—"That the Provincial Board of Health, now assembled, desires to draw the attention of the American Public Health Association to the rumors circulated through newspapers to the effect that cases of cholera have been reported in the New York Official Bulletin as measles; and, also, that articles of clothing packed in Palermo, and exposed to cholera infection, have been distributed at various points in the country without having been subjected to disinfection at New York. In view of the fact that such reports create

uneasiness and apprehensions of danger in the public mind, this Board requests the Provincial delegates to bring the matter to the notice of the meeting of the American Public Health Association at Memphis, on the 8th inst., in order that enquiries be instituted and the accuracy of said reports ascertained."—Carried.

Moved by Dr. MacDonald, seconded by Dr. Cassidy:—"That the Report of the Committee on Epidemics be received and adopted, and that the Committee be instructed to draw up a form of regulations, to be forwarded to municipalities, in relation to milk supply and milk inspection, with recommendations for the adoption of those regulations."—Carried.

Moved by Dr. Cassidy, seconded by Dr. MacDonald:—"That the account of Dr. W. H. B. Aikins' work done for the Board be approved."—Carried.

Dr. Oldright appeared before the Board and thanked it for its kindness in appointing him its delegate to Memphis. The chairman stated that the opinion was unanimous that none could more worthily represent the Province at the Association.

THE CHATHAM MEDICAL AND SURGICAL SOCIETY.

At the regular meeting held on Friday evening, Nov. 4th, Dr. Hall read a paper on

MULTIPLE NEURITIS,

in which he cited two cases, one of which is here given:

Mrs. R., aged 24; married; no children; nervous temperament; gave a history of two or three months' ill-health and weak back, was taken suddenly and simultaneously with pain in the calf of right leg, and in the region of the bladder on Feb. 3rd last. The leg pain was boring, crawling, tingling and disagreeable; urination frequent; the urine milky, with the several symptoms of cystitis. Feb. 4th. Pain, numbness, tingling and formication in knee and ankle, with inability to flex the limb or to pass water, and the limb became very painful to touch. Temperature 100°, pulse 120. Feb. 5th. Pain commenced in the other leg; the right leg was more hyperæsthetic and paralyzed, even with ankle drop; cannot bear to have it touched,

even by the clothing, complaining bitterly of cold feet, although hot bricks were kept constantly to the feet.

For twelve days she was unable to pass urine, and the catheter had to be resorted to three times a day, and the bladder washed out each time with carbolized water. The paralysis of the lower limbs after the first six days was complete, up to March 15th. The pain was not so severe after the first ten days. During this time the temperature ranged from 99° to 102°, after which it became normal.

The treatment in the beginning was directed chiefly to the bladder and bowels and the relief of pain. Dover powder when necessary—sol. cit. magnesia, citrate of potash, linseed tea and quinine. About March 15th, tingling, crawling, lancinating pain again started in the limbs, which was soon followed by a subsidence of the pain and the return of power to the limbs.

March 28th. After an almost complete paralysis of 48 days, the patient is moving around her room, and gradually regaining her strength. The after treatment consisted of salicylate of quinine and elix. strychnia. The tendon reflexes were not tested. On account of the great hyperæsthesia, irritability, and dislike on the part of the patient to be poulticed, the skin reflexes were not disturbed. On examination of the lower extremities, April 6th, I found the muscles of the right leg soft and flabby, both above and below the knee, and the right calf measures $\frac{3}{4}$ inch less than the left, and she complains of weakness in this limb. Could the disease in this case have resulted from the inflamed and diseased bladder? It is given by some authors as a cause of simple neuritis, but it is very positively stated by authorities on this subject that the automatic acts contracted by the sphincters are not interfered with.

C. R. CHARTERIS, M.D., *Sec.*

Correspondence.

LETTER FROM PHILADELPHIA.

[We take pleasure in publishing the following letter, sent to one of the Editors by Dr. Sweetnam, of Toronto, and expect each month to be favored with a letter while he is at the foreign seats of medical education:]

I have already exceeded the month allotted the Quaker City in the programme of my gynaecological trip, and am reluctantly packing away in my now overfilled Saratoga, the nucleus of another collection of books and instruments.

As the result of an introduction by Dr. Osler—who, I am told on all sides, is winning “golden opinions” from his professional brethren here, and who is followed even to Philadelphia, by many Canadians who are seeking special medical advice—I received a hearty reception from the active gynaecologists, Drs. Goodell, Kelley, and Price, and they have been untiring in their efforts to make this portion of my trip both profitable and pleasant.

Dr. Goodell is a man of about fifty-eight years of age, say five feet ten inches in height, broad shouldered, and stout in proportion; he has a good Anglo-Saxon face, and were it not that Father Time has claimed a large part of the hair from the top of his head, he would readily pass for a much younger man than he is; he is a good linguist, a strong writer and a capital teacher; as an operator he is both neat and thorough, and when at work impresses one with the feeling that even if the abdominal aorta were inadvertently opened, he would simply ask quietly for a ligature, and show no evidence of embarrassment or surprise.

Without attempting anything like a description of the operations seen, I am going to give you a few points which it occurred to me might be of interest to you.

ABDOMINAL SURGERY.

In all laparotomies the old time Mackintosh, with its elliptical opening has disappeared, in its stead Kelley uses his pad, recently described in Munde's *Obstetrical Journal*, and of which I shall shortly send you the blocks; it is a circular piece of rubber sheeting, bounded by an inflated rubber ring; at one point the ring is wanting, and here the sheeting is prolonged to the length of several feet, for the purpose of conveying the overflow—water or blood, from the wound—to a vessel placed beneath the table. I have seen this, as well as the pad intended for perineal work, used repeatedly, and certainly they are a source of great comfort to both patient and operator.

Goodell and Price rely upon turning the patient upon her side, or a careful use of sponges, to prevent flooding of the table.

The operation, whatever it may be, is done through the smallest opening, compatible with safety to its edges, the intestines are subjected to as little exposure and handling as possible, and even where the abdominal incision is a very large one, as in the removal of large solid tumors, the intestines are kept out of sight, within the abdominal cavity, well covered by large, warm sponges; this, I think, is a very important point in the prevention of shock and collapse in these cases.

Fully curved needles are used to secure bleeding points, and are especially convenient when these are situated deep in the pelvis, being the favorite ligature for this purpose. Care must be exercised to avoid the ureters. In one case which I saw, the ovary, from extensive adhesions, had been removed with great difficulty. The bleeding points were numerous and deeply seated. In securing one of these, a ureter was pierced by the needle, and a portion of it included in the ligature; a urinary fistula resulted, discharging by the drainage tube. On the third day, however, the ligature softened and gave way, and the urine returned to its proper channel. Had the ligature been a silk one, nephrectomy would probably have been called for.

Where irrigation appears to be indicated, it is done either by passing a long tube attached to a Davidson's syringe to the bottom of a Douglas' pouch, and pumping in a gallon or more of warm water: or, the edges of the wound are held up, and several quarts of warm water being poured in. The bowels are moved above by means of the hand, and the water is carefully drained off, or the washing may be repeated. Distilled water is invariably used in all intra-abdominal work. No antiseptics, if we exclude iodoform from the list, are introduced into the abdominal cavity. During the month, Kelley opened the abdomen in two cases of chronic peritonitis, introduced thirty grains of iodoform, and having emptied the cavity of all ascetic fluid, closed the wound. Both cases did well.

Where there is a deposit of much fat in the

abdominal wall, three or even four tiers of imbedded continuous suture catgut are employed. There appears to be considerable uncertainty as to how the catgut shall be prepared. The complaints are, that the chromicized gut deteriorates rapidly when kept on hand; and that juniper gut frequently irritates the tissues. Chromicized gut certainly has this advantage, that it softens slowly, and may ordinarily be counted upon; for from ten to twelve days by (his time the newly formed cicatrix has had an opportunity to harden, and the widening of the cicatrix so frequently seen after an early removal of the sutures, is largely avoided. If interested in the preparation of this gut, look up my paper upon "Bismuth subiodide in the Treatment of Wounds," which appeared in *The Practitioner* of April of this year, and there you will find described a method of preparation, which, if the raw gut be good, gives a very satisfactory article.

Many claim that the juniper gut irritates because the oil of juniper has not been thoroughly washed out, and it has been suggested that the gut should, after it has been taken from the oil, be immersed for some hours in sulphuric ether before it is placed in the absolute alcohol; but as irritants, in the absence of bacteria, have no business to produce pus, we must conclude that the gut is not always properly sterilized.

The wound, when it is closed, is covered with a liberal pad of sterilized absorbent cotton, and sometimes receives a coat of iodoformed or sublimated collodion.

The neatest bandage I have seen, is split into three tails at either end, for say six inches, these are lapped alternately from the top; when no drainage is required one pin is all that is needed, if a drainage tube is employed it comes out between the two lower tails. Sometimes a wider bandage is used, and four tails instead of three are made; in that case the lowest tail on each side is brought up between the thighs and pinned upon itself, encircling the limb completely, and effectually preventing the upward displacement of the bandage.

On the appearance of any septic symptoms, salines, citrate or sulphate of magnesia are given pretty freely, and apparently with good

results. In the absence of kidney or bronchial trouble, ether is used in preference to chloroform.

Last Sabbath I saw at church a young married woman, eighteen years old, who has undergone three abdominal sections for double pyo-salpinx; hers was a desperate case, the dilated tubes and ovaries were terribly adherent, but now all has been removed; she looked almost robust, certainly as well as the average woman present; her husband—a medical student—told me of it coming down the aisle, he appeared quite proud of her record.

Goodell has fallen quite in love with his uterine dilator, in speaking to the students at his clinic a few days ago, he said: "Gentlemen, wherever you settle, whether at a cross road or in a busy city, you will find women who monthly suffer the very tortures of labor, and who can be relieved by a proper use of this instrument;" and after using the instrument for several years, I certainly feel justified in corroborating Dr. Goodell's statement as to the value of the instrument in properly selected cases.

While the instrument is in position and fully extended, he fills the uterus and vagina with a five per cent. solution of carbolic acid, and since adopting this antiseptic precaution, has dilated upwards of three hundred cases without an alarming symptom. I am convinced that from three quarters to a full hour may, or rather ought to be spent, in dilating the uterus to the full extent of the instrument, although fifteen minutes is all that is allowed by some experienced operators; but if the blades are separated slowly, and the instrument frequently relaxed and withdrawn, to be replaced in a slightly different position, and screwed up a little further, you secure a much better dilation, and are much less likely to produce a laceration of the cervix than if less care were exercised.

I have been fortunate enough to see a large amount of good work, for lacerations of the cervix and perineum, also for prolapse of bladder, uterus and rectum, a good hysterectomy; would also like to speak of some interesting cases in which palpation and catheterization of the ureters was practised, but defer it till writing from New York.

LESSLIE M. SWEETNAM.

PHILADELPHIA, Nov. 12th, 1887.


MEDICAL STUDENTS TEMPERANCE ASSOCIATION.

To the Editor of the CANADIAN PRACTITIONER.

DEAR SIRS,—Among the many changes which have marked the course and progress of medicine during the last half century, perhaps none have affected more deeply the welfare of medical men themselves, as well as their influence over the general public, than that great social change pertaining to the use of alcoholic beverages. Those practitioners who attended college some thirty years ago, often refer to the fact that the excessive use of strong liquor was alarmingly common among the students of their day. A surgeon, now practising in this city, has been heard to say that out of his graduating class of twelve, but three now are living, all the rest having died from the abuse of alcohol. Such statements as this, we are glad to know, can be made by no student graduating in this decade; and we are safe in predicting that never more will such a sad state of things be possible.

This revolution in social habits was marked and sealed, so far as our city colleges are concerned, by the establishment in November, 1886, of a Temperance League of the Medical Students of Toronto. Some of the Professors worked zealously to place the League on a sure and firm footing; and, under the wise and careful guidance of the first Honorary President, Dr. George Wright, the work was earnestly carried on, so that in February of this year the Secretary was able to announce a membership of 165. All of these pledged themselves to total abstinence, with the exception of *one*, who had taken the "Anti-Treating" pledge. It may here be stated that the League at its inception adopted the plan found to work so well in similar Associations both in England and on this continent—that of admitting to membership not only those who are willing to totally abstain, but also those who promise to refrain from "treating" and from drinking immoderately and in public places. The first meeting of the current academic year was held on Saturday, October 29th, and a new staff of officers elected, with Dr. Powell, as Honorary President.

W. HARLEY SMITH.

 See our new heading on Cover.

Book Notices.

Some Observations upon Pelvic Cellulitis. By V. O. HARDEN, M.D., Atlanta, Ga. Reprint.

A Year's Work in Abdominal Surgery. By WM. GARDNER, M.D. Montreal: Canada Medical and Surgical Journal. Reprint.

Suprapubic Lithotomy. A historical sketch. By CHARLES W. DULLES, M.D., Philadelphia. Reprint.

To What Extent Can We Classify Vesical Calculi for Operation? With a report of cases and remarks on the different methods employed. By A. VANDEWEER, M.D., of Albany, N.Y. Reprint.

Text Book of Therapeutics and Materia Medica, intended for the use of Students and Practitioners. By ROBERT T. EDES, B.A., M.D., Professor of Materia Medica, and Jackson Professor of Clinical Medicine in Harvard University. Philadelphia: Lea Bros. & Co., 1887.

The following works will be issued during December by the New York Publishers, Leonard & Co. 141 Broadway:

Diseases of Women. A work based upon the practical experience and teachings of the following eminent Gynecologists: Drs. Thos. Munde, Hunter, Lusk, McLane, Skene, Garriques, Barker, Emmet, etc. 436 pages. Cloth, \$1 50.

Diseases of Infancy and Childhood, with over 400 Formulæ and Prescriptions. By Drs. Jacobi, Hammond, Flint, Loomis, Janeway, Bulkley, Agnew, etc. 300 pages. Cloth \$1.

Diseases of Heart and Lungs, with over 350 Formulæ and Prescriptions. By Drs. Draper, Delafeld, Leaming, J. Lewis Smith, Loomis, Clark, Janeway, etc. 204 pages. Cloth, \$1.25.

The *Archives of Gynecology*, New York, has just closed another successful year, having furnished its readers with the *resumé* of no less than 584 articles. The publishers do not send sample copies, but announce that any subscriber may return the first number and cancel the order. Subscription, \$3. Payment is not asked till end of year. LEONARD & Co., Publishers, 141 Broadway, New York.

Physician's Combined Prescription Day-Book is the name of a blank-book gotten up by Mr. W. P. McLaren, druggist, Watford. The book is intended to answer the place of a day-book and prescription book, where physicians keep copies of their prescriptions or wish to preserve notes of special cases, and is most useful where physicians do their own dispensing. The books are post size, 500 and 1000 pages, good paper and strongly bound. Price \$3.00 and \$6.00.

N. W. Ayer & Son's *American Newspaper Annual* contains a list of all newspapers of the United States and Canada, also a list of all Press and Editorial Associations of the United States and Canada, with their offices. It gives the population of every state, territory, county and county-seat, of all the large cities and towns, and of almost every place in which a newspaper is published. Price \$3; carriage paid. Philadelphia: N. W. Ayer & Son.

Organic Materia Medica. A Manual. By JOHN M. MAISCH, Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Third edition, with 257 illustrations. Philadelphia: Lee Brothers & Co., 1887.

This is the third edition of a very popular book. It is essentially a book of reference for pharmacists, and is largely used by pharmaceutical and medical students. The descriptions of the drugs are clear and complete, and the enumeration of their chemical constituents is a useful feature. The general plan of the work is the same as before, but it has been enlarged by the addition of drugs which have recently secured the favor of the profession.

The Principles of Theoretical Chemistry, with Special Reference to the Constitution of Chemical Compounds. By IRA REMSEN, Professor of Chemistry in the Johns-Hopkins' University. Third edition. Enlarged and thoroughly revised. Philadelphia: Lea Bros. & Co., 1887.

This is a good advance over the last edition, and shows that the author is determined to keep his excellent work abreast of the times. There has been a general revision of the whole work, the chapter on Valency being entirely re-written and enlarged. The principal additions are: An introductory chapter and chap-

ters devoted to the subjects of chemical affinity, constitution of chemical compounds, and the relation between the constitution and properties of compounds. These subjects are treated briefly, but sufficient is given to give the student a good idea of these important subjects.

The Illustrated London News. American Edition.

For the issue of November 12th The Illustrated London News (American Edition) furnish their many readers, in connection with a wide variety of reading, the following timely illustrations: A very spirited picture of the unemployed in London, entitled "The Police and the Mob;" three pictures upon the State of Ireland; one of How Some of the London Poor Spend the Night, and another of the Poor Helping the Poor, as well as the meeting of the unemployed in London. There are also sketches from the Burlesque of "The Sultan of Mocha," at the Strand Theatre, and one page devoted to the Sultan of Morocco, while the opposite page presents G. L. Seymour's drawing of "A Favorite Slave." Besides these attractions there is a double-page picture of Buffalo Hunting in North America. The price remains as usual at ten cents for the complete number. See our club rates. Office of publication, Potter Building, New York.

A Reference Handbook of the Medical Sciences, Embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By various writers. Edited by ALBERT H. BUCK, M.D., New York City. Volume V. New York City: William Wood & Co., 56 Lafayette Place, 1887.

The fifth volume of this excellent work has come to hand, and is in no way inferior to the high standard of its predecessors. It comprises all terms ranging from those commencing with Mil to those in Pot. The article on "Muscles" and "Muscular Tissue," is very comprehensive and instructive, and is illustrated with numerous wood-cuts of the gross and microscopical structure. The same may be said of the article on "Nerve" and "Nerve Tissue." Optometry receives much attention. Three large test plates in black and white, and one large colored plate, greatly increase the value of the article.

The "ovaries," "ovariotomy," and the "ovum," are also well described; the operation of ovariectomy, and also Tait's operation, are given in full. Plate No. XXVI. is taken from Delafield's Pathological Anatomy, and exhibits a transverse section of a bronchiola with surrounding lung tissue in a state of acute inflammation, and with the description is particularly interesting. Fifty engraved illustrations representing the various points of interest about as many different kinds of "Poisonous Insects," show, apart from the instruction they afford about the insects, how detailed is the treatment of each subject. A treatise on Pott's disease closes the volume.

Treatise on Human Physiology, for the use of Students and Practitioners of Medicine. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc., &c. Philadelphia: Lea Brothers & Co., 1887.

In this treatise we have another added to the many excellent text-books on this subject now before the profession. As the author claims in his preface, the work is evidently "based upon comparative and pathological anatomy, clinical medicine, physics and chemistry, as well as upon experimental research." While not aiming to treat exhaustively of histology, the author has given enough to enable the student to pursue intelligently the study of the physiological questions, which it is the main purpose of the work to teach. Methods of research receive a large share of attention, and numerous cuts assist greatly in elucidating the description of the somewhat complicated apparatus of a modern physiological laboratory. The use made of comparative anatomy and physiology is a particularly pleasing feature of the book, and will render it valuable, not only to medical but to veterinary students. The thorough manner in which the whole question of food—its proximate principles, use, quantity and quality—is taken up will be of incalculable benefit to the student in these days, when the question of hygiene and diet in the treatment of disease is receiving so much attention from clinicians. Dr. Chapman's work adequately represents the existing state

of physiology and its methods of research, and we can confidently recommend it.

Sprains, their Consequences and Treatment. By C. W. MANSELL MOULLIN, M.A., M.D., Oxon; F.R.C.S., Eng. London: H. K. Lewis, 1887.

This is a good book! Its writer has something to say, and is able to say it in clear idiomatic English. Regarding the importance of his subject even doctors cannot differ. How often has the diagnosis "only a simple sprain" been followed by neglect in treatment and by disaster? That injuries of this class may lead to persistent lameness, to the destruction of joints, and to amputation, many of us have had reason to know. Our author's belief is, that "Half the crippled limbs and stiffened joints that are met with every day, date their starting point from the occurrence of some apparently trivial accident of this description." It was to give emphasis to this point, that useless limbs may result from simple sprains, that Sayre wrote his essay with the quaint title "Sprained Ankle, or the Misfortune of Not Breaking your Leg." It may be taken for granted, then, that the writing of a monograph upon lesions of this nature is quite justifiable. In the work before us, the pathology of these injuries is clearly stated, the factors in causing recovery to be so often imperfect are investigated, and the directions for treatment are in the main judicious and helpful. To one reader of the work it has seemed that too little value is placed on perfect immobilization by a plastic dressing in the early—not the earliest—stages. We cordially commend this volume to the consideration of those who have had, have now, or may have to treat sprains which hang fire in getting well. The publisher's part is well done, paper, press work and binding being alike creditable.

Surgery: its Theory and Practice. By WM. JOHNSON WALSHAM, F.R.C.S. Philadelphia: P. Blakiston, Son & Co., 1887. Toronto: J. A. Carveth & Co.

This book, as its preface states, was written at the request of the publisher for the use of students just entering upon practical work in the wards, and before they have had time to study the larger surgical text-books.

It is a clear and concise set of notes, resembling Keetley's "Index to Surgery" in all but an alphabetical arrangement. Like the Index it is, so far as it goes, largely in accord with the best teaching of the day. Its scope, however, is such that, if read at all, it should be read only as a review work, or, in other and plainer words, as a "cram." So used "by a senior student shortly before he goes up for his final examination, and after he has carefully studied a complete text-book of surgery," it is capable of doing good service. If read, however, to the exclusion of such works as those of Erichsen, Bryant or Agnew, it may do infinite harm, causing its reader to rest content with knowing something about its subject instead of honestly knowing it as it is now known.

Dr. Walsham is an excellent teacher, and has had much experience in preparing students for examination. He has tried to hit the line between a mere outline and a reliable text-book, and has fairly succeeded; but it is not from books like this, devoting half a page to the methods and the materials of modern wound treatment, or an equal space to the treatment by weight and pulley extension of fractures of the femoral shaft, that surgery can even theoretically be learned.

A large number of illustrations appear for the first time in this volume, those in particular from specimens in the museum of St. Bartholomew's Hospital being clearly drawn and instructive.

The publisher's part is with this, as with the other books of the series to which it belongs, well and tastefully done.

A System of Gynecology by American Authors. Edited by MATTHEW MANN, A.M., M.D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N. Y. Vol. I. Illustrated with 3 colored plates and 201 engravings on wood. Philadelphia: Lea Bros. & Co.

The American School of Gynecologists is generally recognized as second to none in the world. Their treatment has passed through many phases within the last decade, and they have frequently shown an inclination to pay too much attention to local mechanical treatment rather than constitutional. The passing craze

for a time produced its worst fruits in the United States. Various operative procedures have been carried to an extreme by enthusiastic votaries. Notwithstanding various errors of judgment, some of which have been long since recognized, all must admit that American gynecologists have done much to advance this branch of our profession to its present position.

It is a foregone conclusion that when the Leas, of Philadelphia, undertake to publish a good work, it is certain to be a success. The best of American authors have been selected to write for the system on different subjects in gynecology. It is hoped that this judicious division of labor will result in a work which will thoroughly and correctly represent American methods and opinions. In the first volume we have the following: Historical Sketch of American Gynecology, by Jenks; The Development of the Female Genitals, by Garriques; The Anatomy of the Pelvic Organs, by Coe; Malformations of the Female Genitals, by Garriques; Gynecological Diagnosis, by Grandin; General Considerations of Gynecological Surgery, by Dudley; General Therapeutics, by Skene; Electricity in Gynecology, by Rockwell; Menstruation and its Disorders, by Wylie; Sterility, by Reeves Jackson; Diseases of the Vulva, by Mann; Inflammatory Affections of the Uterus, by Palmer; Subinvolution of the Vagina and Uterus, by Reamy; Periuterine Inflammation, by Mann; Pelvic Hæmatocele and Hæmatoma, by Van de Warker.

The American Journal of Psychology, Vol. I., No. I. Edited by G. STANLEY HALL, Professor of Psychology and Pedagogics in Johns-Hopkins' University. Baltimore: N. Murray, Publisher. Issued quarterly, \$3 a year.

A few years ago the physician—even he who makes a specialty of mental and nervous diseases—could have safely disregarded a journal of psychology, for psychologists used to confine themselves to the introspective method, and to speculations on the results thereof, which hardly came within the sphere of practical medicine. Since Wundt, however, began the series of researches on psycho-physics, which have made Leipzig famous as a centre of the new

psychology, the physician, and especially the alienist and neurologist, may find contributions of the utmost moment to him in purely psychological journals. Professor Stanley Hall, of Johns-Hopkins, is the most advanced representative on the continent of this school of psychology, and the new journal which is to be issued under his superintendence is, therefore, worthy of the attention of our readers. Apart from an exhaustive review of current psychological literature (in which morbid psychology receives due attention) and several original articles of more interest to the specialist, this number contains an eminently practical essay on the variations of the knee-jerk in health, and the causes thereof. The author, Dr. W. P. Lombard, details a most complete series of accurate experiments, which result showing that the knee jerk is increased and diminished by whatever increases or diminishes the activity of the central nervous system as a whole. Thus, fatigue, hunger, enervating weather and sleep decrease, while the opposite conditions increase, the average jerk. It was known that the jerk could be reinforced by voluntary movements, such as clenching the hands or the jaws. Dr. Lombard shows that strong emotions also reinforce the jerk. It is obvious, then, that practitioners should take these points into consideration in employing the amount of jerk diagnostically. The average movement in upwards of two thousand trials, with a hammer falling upon the ligamentum patellæ through at arc of 40°, was 40 min., but the movements actually varied between 0 and 180 min. under the different conditions detailed. Diurnal variations showed the highest movement after breakfast, the lowest at night, while meals invariably increased the amount. We trust that this journal, which has made such a successful debut, has a bright future in store for it.

Personal.

Dr. Yeomans, of Mount Forest, is now on a visit to New York.

Dr. Montague was re-elected for Haldimand by a majority of nineteen votes.

Dr. Duncan, of Victoria, has been appointed surgeon to "C" Battery.

Sir William Gull is reported to be improving in health.

Dr. J. G. Mennie, of the township of Garafraxa, has been appointed associate coroner in and for the county of Wellington.

Dr. Sutherland, of Winnipeg, has been appointed resident physician to the Manitoba penitentiary at Stony Mountain.

The election of Dr. Mallory, M.P. for East Northumberland, was declared void on the admission of bribery by an agent.

We are informed that Dr. Kerr, of Winnipeg, purposes leaving that city to settle in Washington.

Dr. Workman has shown his interest in the Woman's Medical College by a donation to its funds.

The following Canadians received their L.R.C.P. & S. Edin. and L.F.P. & S. Glasgow: Drs. D. Mitchell, J. D. Thorburn, E. Clouse, and A. Thomson.

Dr. Krauss has resigned his position on the staff of the Woman's Medical College. Dr. Wishart was appointed lecturer on Therapeutics, and Dr. G. B. Smith on Materia Medica.

Dr. Codd, surgeon to the Mounted Infantry School, Fort Osborne, has been appointed President of the Military Medical Board for the investigation of claims arising from wounds received and sickness contracted while on service during the late rebellion.

Dr. Willard, of Burlington, Vermont, has opened a nervine establishment, where the Wier-Mitchell rest treatment is made use of. The doctor solicits correspondence, and will be pleased to send his circulars to any making application for them.

Miscellaneous.

A weather-beaten tramp, being asked what was the matter with his coat, replied: Insomnia. It hasn't had a nap in ten years.

CABLEGRAM.—London, Oct. 25th.—W. R. Warner & Co., Philadelphia, received highest award from American Exhibition in London for superiority of their sugar-coated pills and effervescent salts.

BOVININE—This preparation is a raw food extract of beef and mutton, free from drugs, minerals, acids, or any artificial aid to digestion. This solution gives the blood spectrum very strongly and contains so much albumen (34.70 per cent.) as to become almost solid with dilute nitric acid. Of course, it is an exceedingly powerful and easily digestible form of food. Among other applications, the use of bovine as an enema will strike every one.

Wm. Oldright, M.A., M.D., in speaking of bovine, says: "I have used it with excellent results in cases of vomiting and purging with prostration in young children."

A NEW DISEASE NOT OF BACTERIAL ORIGIN.—Governor Taylor, of Tennessee, recently told of a colored gentleman who preached a sermon on the text:—"And the multitudes came to Him, and He healed them of divers diseases." Said he:—"My dying congregation, this is a terrible text. Disease is in the world. The smallpox slays its hundreds, the cholera its thousands, and the yellow fever its tens of thousands, but, in the language of the text, if you take the divers, you are gone. These earthly doctors can cure the smallpox, cholera, and yellow fever if they get there in time, but nobody but the good Lord can cure the divers."

THE ACHROMATIC MICROSCOPE.—The following is taken from our worthy exchange, *The Microscope*, which by the way is gaining rapidly in popularity. "Oliver Wendell Holmes in an address to the Harvard Medical School, referring to the achromatic microscope, illustrated the power of the instrument strikingly by saying, while a scrap of human skin was under the glass, that the fragment thus magnified represented an individual just one mile in height. He would ten times overtop the loftiest of the pyramids, and twenty times the tallest of our steeples. He could take our State House up as we would lift a paving-stone, and fling it into the waters beyond Boston lighthouse, cleaning out that place of the people by a summary process quicker than the prætorian bands of Domitian or Commodus would have cleaned out a Roman Senate chamber that dared to have an opinion of its own."

DOCTORS' FEES.—The Paris correspondent says of the *N. Y. Medical Journal*:—"Can a physician raise his fees without giving notice to his patients? In one of the law courts here this question has been answered in the negative. A physician had attended a lady in her confinement some five years ago, and charged twenty dollars as his fee. Afterwards he was called upon to attend the same lady in confinement, and this time he charged forty dollars. The lady refused to pay, and suit was brought to recover. The doctor claimed that his standing and skill had much improved, and that he was warranted in charging more for his time. The defendant replied that she had expected to pay what she had paid before. The decision of the court was that there was always a sort of implied agreement between doctor and patient on the basis of previous charges, and that this convention fixed the subsequent rates; consequently, as the doctor could not allege any special difficulties or unusual loss of time in the case, and had not given his patient notice of his intention to raise his fees, he must lose the case and pay costs, the court awarding him only his former fees."

Births, Marriages, and Deaths.

BIRTHS.

BURNHAM—On November 15th, 1887, at 180 John Street, Toronto, the wife of Dr. G. Herbert Burnham, of a son.

MARRIAGES.

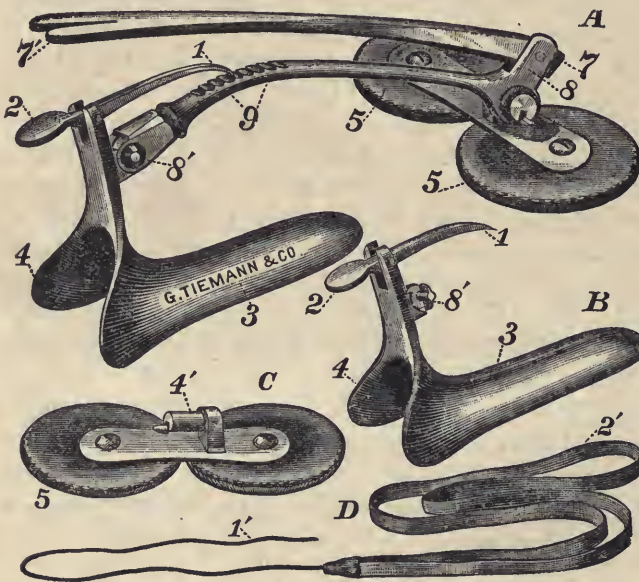
OLVER—SISSON—On Wednesday, November 2nd, at Church of St. Barnabas, Medicine Hat, North-West Territory, by Rev. Walter G. Lyon, Albert Olver, M.D., of Medicine Hat, to Elizabeth Mauvilain, youngest daughter of Edmond Johnston Sisson, Esq., Belleville, Ont.

DUNBAR—WINSTANLEY—On Thursday, the 3rd of November 1887, at the residence of the bride's father, near Goshen, Tulare County, California, Edward G. B. Dunbar, second son of J. A. Dunbar, Esq., M.D., Inspector-General of Hospitals H. M. Bengal army, retired, to Edith, fourth daughter of Dr. O. S. Winstanley, late of Toronto, Canada.

DEATHS.

TREW—At his residence, New Westminster, B.C., on the 28th October, Charles Newland Trew, M.D., aged 49 years, second son of the late Assistant Commissary-General Trew.

EHRRICH'S SELF-RETAINING SPECULUM.—Any self-retaining speculum which will do the work of a Sims' speculum, even *fairly* well, is certainly a very desirable instrument, even though its use may be somewhat limited. I have had opportunity and have taken occasion to use nearly every kind of these instruments which are for sale, and I have found none that served me so well as an Ehrich, or some modification of the Ehrich self retaining speculum. It is well known that Dr. A. H. Hunter and Dr. B. F. Dawson, of this city, each have made decided improvements in this instrument, and I presume other improvements have been suggested by gynæcologists in other parts of the country. I have found, however, that there were some changes which could be made which would in a great measure remedy the defects which have always been present in the original, and in the several improvements which have from time to time been recommended. And that the general profession may know of a really useful self retaining instrument, I venture to describe the Ehrich speculum as improved and used by myself.



1. In Fig. A, the arm, 8-8', which is the short arm of the lever, is one inch shorter than is found in the original instruments, and therefore the perineum is retracted with greater ease, and when it is remembered the patient is to make the traction which is to accomplish this purpose, it is seen to be quite an advantage.

2. The distance of the blade, 3, in Fig. A, from the short arm, 8-8', is one-third of an inch more than in the original instrument. We thus avoid the danger which was always present in the old speculum, of unduly compressing the tissue around the coccyx and perineum.

3. The attachment, in Fig. A, of a short arm, 8-8', to the blade, 3, at 8', is similar to the attachment of disjoining scissors. And

thus the blade can be removed instantaneously from the arm, 8-8', and washed, without wetting the other parts of the speculum.

4. The ratchet, 1-2', in Fig. A, is easily and quickly manipulated. The end at two is arranged to be lifted by the thumb, to retract still more the perineum.

5. The fulcrum pieces, 5-5', in Fig. A, are of metal covered with soft buckskin. They do not easily slide or slip on the integument of the parts around the sacrum, and of course they do not chill the patient.

6. The long arm of the lever, 7-7', in Fig. A, is made strong, and stands, when in use, at nearly a right angle to the short arm, 8-8'. At the end, 7', a wedge-shaped slit is made for catching firmly the tape or leather string, Fig. D, 1'-2', which is held by the patient.

7. Two different-sized blades are made and sold with this instrument, and others can be easily made to suit the fancy of the owner.—Dr. Hanks in "*Medical Record*."

TENACULUM, WITH STEEL SHANK: SO CONSTRUCTED AS TO INDICATE THE DIRECTION OF THE POINT.—Dr. Hanks exhibited an improved tenaculum that was of the ordinary shape and size, but differed from other instruments of the kind in this respect. The steel shank was so constructed that the steel extended along the back of the handle, on the side opposite to the point or hook. When the latter was buried in the tissues, the direction in which it pointed would always be indicated by the metal back, as in the case of Simpson's sound, so that the hook could be disengaged immediately.—*American Journal of Obstetrics*. Manufactured by George Tiemann & Co., 107 Park Row, New York.



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